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EVALUATION OF THE PHYSICIAN INTEGRATED NETWORK (PIN): PHASE I

SUMMARY REPORT

July 27, 2009

Prepared for:

Manitoba Health and Healthy Living

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1.0 Introduction

This report summarizes the findings of the Evaluation of the Physician Integrated Network (PIN): Phase I and highlights progress towards the PIN objectives based on the results of the various lines of evidence used in the study.

Section 1.1 provides background on the PIN initiative. Section 2.0 describes the lines of evidence used in the study and links them to the PIN objectives. Section 3.0 provides a brief overview of the findings of the evaluation, including progress towards PIN objectives. Technical reports for each of the lines of evidence are included as appendices.

1.1 Background

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 that 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 management[2]

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]

Three group practice sites participated as demonstration sites in Phase I of PIN: Agassiz Medical Centre in Morden, Dr. C. W. Wiebe Medical Centre in Winkler, and Assiniboine Clinic in Winnipeg. Steinbach Family Medical Center participated as the control site. Each clinic, with the exception of Steinbach, chose an area of concentration as part of the demonstration. The Winkler clinic focused its efforts on preventative practices and coronary artery disease. Assiniboine Clinic and the Morden clinic targeted hypertension and diabetes. As the Steinbach clinic was the control site, its main involvement in Phase I included implementing information management changes and using its Electronic Medical Record (EMR) system to begin collecting information on clinical process indicators.

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1 Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/index.html.

2 Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/index.html.

3 Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/fund.html.

1.1.1 Challenges to implementation

All sites faced a number of challenges during PIN implementation, stemming from both project-related and external factors. For example, PIN indicators were being continuously modified throughout Phase I as sites were in the process of implementing changes. Challenges in retrieving data from external sources were also found throughout implementation (e.g., immunization data from Manitoba Information Management System). Clinics were also initially hesitant, given the uncertainty surrounding the sustainability of the demonstration project, to hire additional staff or make substantial PIN-related investments; this may have complicated practice change in the areas of data quality, space provision, and equipment needs.

In addition to the above challenges faced by PIN clinics generally, demonstration sites noted some clinic-specific challenges, though these issues may also apply more broadly. In particular, Dr. C.W. Wiebe Medical Centre in Winkler noted that change management was a significant challenge when communicating and following up on changes with a large staff including 23 physicians. Agassiz Medical Centre noted that during the initial stages of Phase I, the centre dealt with the release of management staff and a lengthy vacancy of the position. The clinic also struggled with challenges utilizing the EMR in the manner required for PIN. Assiniboine Medical Clinic also experienced these EMR-related challenges, particularly in regards to data quality.

Steinbach Family Medical Center experienced physician attrition during Phase I, resulting in approximately a third of the clinic's patients having a change or loss of physician. This may have affected indicator data directly, as well as indirectly through reduced achievement by remaining physicians who, as a result of the attrition, carried greater workloads. Also, because of its designation as a control group, Steinbach FMC did not conduct any specific staff training on PIN during Phase I. The clinic did educate physicians about the nature of the data being collected but generally did not provide individualized data reports to physicians on their indicator achievement.

2.0 Lines of evidence

The PIN Evaluation Plan was developed in collaboration with the PIN Team and Dr. Alan Katz of the Department of Family Medicine, University of Manitoba. The Evaluation Plan links the four PIN objectives with the lines of evidence used in the Phase I evaluation: survey of patients; survey of health care providers; analysis of Electronic Medical Record (EMR) data; and stakeholder interviews. The analysis of the provider survey data will be appended at a later date.

2.1 Patient survey

A patient survey was administered prior to PIN intervention and again following PIN implementation. The intent of the pre-intervention survey was to gather baseline data from patients regarding the access and care provided to them by their clinic, as well as socio-demographic information. The post-implementation survey gathered the same information after a 17-month period, and the results were compared over time. Patient survey data were used to measure progress on the PIN objectives to improve access to care and demonstrate high quality care. The patient survey report is included in Appendix A.

2.2 EMR data

Using a subset of primary health indicators developed by the Canadian Institute of Health Information, each clinic collected information using EMR systems to measure the quality of care they provided their patients, based on specific indicators. These indicators were tracked over time to identify trends. EMR data were used to measure progress on the PIN objective to demonstrate high quality care. The EMR data analysis report is included in Appendix B.

2.3 Stakeholder interviews

Qualitative interviews were conducted with PIN stakeholders including clinic administrators, physicians, and RHA representatives before and after the implementation of PIN, to gather input on their impressions of the initiative and their experiences with PIN implementation. Stakeholder responses offered insight into progress on all four PIN objectives. The post-implementation interview report is included in Appendix C.

3.0 Findings

This section briefly summarizes the findings of the evaluation and highlights progress towards the PIN objectives, based on the results of the various lines of evidence. Please refer to the appended project technical reports for more detailed findings as well as copies of the research instruments used.

3.1 Patient access to primary care

- **Objective: To improve access to primary care**

Stakeholders generally believed that access to physicians remained relatively unchanged by PIN. However, they reported that access to AHCPs had been enhanced by PIN; since on-site AHCPs worked collaboratively with physicians to meet the primary health care needs of patients, these findings indicated that the PIN objective to improve access to primary care was partially met.

Patient survey results also offered some indication of progress towards this objective. Patients at the Winkler clinic reported increases in access to services over time,[4] in contrast to decreases in access reported at the control site,[5] while results for Assiniboine clinic were mixed.[6] Similarly, patients from the Winkler clinic reported an increase in the use and coordination of specialists and special services over time,[7] while control site patients reported a decrease.[8] Patients reported no change in the services available at their clinics.[9]

3.2 Provider access to and use of information

- **Objective: To improve primary care providers' access to and use of information**

Stakeholders reported that clinics' use of EMR to track and report on indicators had improved physician awareness of and adherence to standards and guidelines for patient care, and enabled clinics to monitor physicians' PIN compliance. These data and information enhancements indicated movement on the second PIN objective, to improve primary care providers' access to and use of information. Increased tracking and reporting capabilities through the addition of more indicators offered further potential for improvement in access to and use of information.

4 Unmatched sample.
5 Matched and unmatched samples.
6 Increase in unmatched sample and decrease in matched sample.
7 Matched sample.
8 Unmatched sample.
9 Matched and unmatched samples.

3.3 Provider work life

- **Objective: To improve the work life for all primary care providers**

According to interviewees, PIN implementation, IT complications, and additional case management requirements had increased the workload and time spent by clinic stakeholders, and the addition of AHCPs had not, or not substantially, reduced the amount of time physicians spent in a work day. It appeared, then, that the PIN objective to improve the work life of primary care providers was not met.

3.4 High quality primary care and chronic disease management

- **Objective: To demonstrate high quality primary care with a specific focus on chronic disease management**

Clinic stakeholders believed PIN processes had improved the consistency and comprehensiveness of patient care, particularly for patients with chronic disease, through EMR testing reminders and the integration of AHCPs. These findings appeared to indicate progress on the PIN objective to demonstrate high quality primary care with a specific focus on chronic disease management. Improvements were expected to continue in this area as clinics integrated more indicators and as PIN processes became embedded in practice.

Interview findings were confirmed by EMR data. In general, there were increases in nearly all indicator clusters, with the exception of the asthma indicator cluster. The prevention and congestive health failure clusters, in particular, trended upwards over time across most of the individual indicators. Increases in the diabetes clusters were more modest, as many of the individual indicators began at relatively high levels. The hypertension cluster showed increases at the three demonstration sites, while there was negligible change at the control site. The data showed no consistent trends for the coronary artery disease indicator cluster, though there was some indication of improvement over time in individual indicators.

Patient survey data also offered some insight into progress towards this objective. According to patients, ongoing care increased over time at Assiniboine clinic and decreased over time at the Steinbach clinic.[10] Patients at the Morden clinic mentioned an increase in the services received at the clinic.[11] Patients at all clinics reported increases in family-centeredness since the onset of PIN,[12] particularly at the Winkler clinic.[13]

[10] Unmatched sample.
[11] Matched sample.
[12] Overall score, unmatched sample.
[13] Matched sample.

4.0 Summary

The evaluation demonstrated that there was progress towards some of the PIN objectives:

- The PIN objective to improve access to primary care was partially met, primarily through the use of AHCPs, though results were somewhat mixed.
- There was progress on the second PIN objective, to improve primary care providers' access to and use of information, by increasing awareness of guidelines and enabling monitoring of PIN compliance.
- The PIN objective to improve the work life of primary care providers was not met, and stakeholders emphasized that PIN implementation was often time-consuming.
- All lines of evidence, to varying degrees, pointed towards progress on the PIN objective to demonstrate high quality primary care with a specific focus on chronic disease management.

The PIN initiative is currently moving into Phase II, which includes expansion to several new clinics, as well as the addition of more indicators at existing sites. Stakeholders were optimistic about greater progress towards PIN objectives as they move past the initial challenges of implementation, integrate additional indicators, improve tracking and reporting capabilities, and further embed PIN processes into clinic practice.

Appendix A

Patient survey report

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EVALUATION OF THE PHYSICIAN INTEGRATED NETWORK (PIN)

PATIENT PRE- AND POST-INTERVENTION SURVEY RESULTS

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Annex 1 Questionnaire
Annex 2 Unmatched Sample Detailed Results

1.0 Introduction

The Physician Integrated Network (PIN) initiative is intended to "facilitate systemic improvements in the delivery of primary care" in Manitoba.[14] This initiative involves group practice sites that agree to implement changes to increase patient access to primary care, increase provider access to and use of information to improve work life, and demonstrate high quality primary care focused on chronic disease. The underlying purpose of 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.[15]

Three group practice sites participated as demonstration sites in Phase 1 of PIN: Agassiz Medical Centre in Morden, Dr. C. W. Wiebe Medical Centre in Winkler, and Assiniboine Clinic in Winnipeg. Steinbach Family Medical Centre participated as the control site. Each clinic chose an area of concentration as part of the demonstration. Winkler clinic is focusing its efforts on preventative practices and coronary artery disease. Assiniboine and Morden clinic are focusing their efforts on hypertension and diabetes. As Steinbach clinic is the control site, its main involvement to this point included implementing information management changes and using their Electronic Medical Records (EMR) to begin collecting information on clinical process indicators.

The intent of the pre-intervention survey was to gather baseline data from patients regarding the access and care provided to them by their clinic. The post-intervention survey gathered the same information after a 17-month period. The results were compared over time. The surveys asked specific questions about:

- Use of and access to services and ongoing care
- Use and coordination of specialists and special services
- Services available at the clinic
- Services received at the clinic
- The clinic's family centeredness
- The clinic's community orientation
- The clinic's cultural competency.

The survey also collected socio-demographic information such as age, gender, employment status, education, and annual household income. Other information such as their length of time as a patient with their family doctor and their personal health assessment were also collected.

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[14] Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/index.html.

[15] Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/fund.html

2.0 Methodology

This section outlines the process for the questionnaire development, sampling, and distribution of the pre- and post-intervention PIN Patient Survey for Manitoba Health and Healthy Living.

2.1 Questionnaire development

Evaluators developed the PIN Patient Survey using questions from the Primary Care Assessment Tools (PCAT), commonly used instruments to assess and assure the quality of primary care service delivery. PCAT, developed at Johns Hopkins University—Bloomberg School of Public Health, are used to measure the degree of attainment of components related to primary care including first contact care, continuous (ongoing) care, coordinated care, comprehensive care, family-centered care, community-oriented care, and culturally competent care. PCAT was designed to analyze the components domain by domain. Various other primary care initiatives throughout the world use PCAT to assess their programs.[16] The Canadian version of the PCAT was used for this study.

The final version of the survey is in Annex 1. The same questionnaire was used for the pre- and post-intervention surveys.

2.2 Unmatched sampling

At the request of the evaluation team, each clinic was asked to randomly select patients visiting their offices to complete a total of 300 pre-intervention and 300 post-intervention surveys. Data collection for the pre-intervention survey began on May 25, 2007, and 1,151 surveys were completed over a four-week period. Data collection for the post-intervention survey began between October 28, 2008 and November 4, 2008, depending on the clinic, and 1,213 surveys were completed. All participants read and signed a consent form to participate in the evaluation. Table 1 presents the total number of surveys completed by each clinic.

Table 1: Total number of pre- and post-intervention surveys completed

Clinic	Pre-intervention survey	Post-intervention survey
	n	n
Assiniboine clinic	329	374
Morden clinic	262	293
Winkler clinic	333	260
Steinbach clinic	227	286
Total number of surveys	1,151	1,213

[16] Johns Hopkins Bloomberg School of Public Health website. Retrieved on March 26, 2009 from http://www.jhsph.edu/pcpc/pca_tools.html.

As a screener, patients were asked the following three questions regarding the extent of their association with the clinic or doctors at the clinic:

- *Do you usually come to this clinic when you are sick or need advice about your health?*
- *Do the doctors in this clinic know you relatively well (i.e., would they know you by name and face)?*
- *Is this clinic the most responsible for your health care (i.e., follow-ups, maintaining your chart, etc.)?*

To qualify for the survey, potential respondents must have answered yes to at least one of these three questions. If a potential respondent answered no to all three questions, he or she was not qualified to continue with the survey.

2.3 Matched sampling

On the survey, respondents were asked to supply their contact information if they were interested in participating in follow-up research. Of the 1,151 participants, 554 (48%) indicated that researchers could re-contact them. Post-intervention surveys were mailed to these respondents during the first week of November 2008. A second survey was sent in the middle of February 2009 as a reminder to those who did not return the first post-intervention survey. In total, 300 respondents (54%) of those who agreed to a follow-up completed the post-intervention survey (see Table 2).

Table 2: Total number of pre- and post-intervention surveys completed

Clinic	Completed the pre-intervention survey	Agreed to be contacted for follow-up		Completed the follow-up post-intervention survey	
	n	n	%	n	%
Assiniboine clinic	329	161	49%	102	63%
Morden clinic	262	131	50%	64	49%
Winkler clinic	333	160	48%	86	54%
Steinbach clinic	227	102	45%	48	47%
Total number of surveys	1,151	554	48%	300	54%

Note: Columns may not sum to 100% due to rounding.

Sections 3.1 and 4.0 are based on the results from the matched sample that completed both the pre- and post-intervention surveys. In Section 4.0, it is important to be cautious when interpreting the results because of the small sample sizes. Differences of less than 10% are not presumed to demonstrate an increase or decrease across the two time periods where cells have small sample sizes.

2.4 Data analysis for the PIN Patient Survey

Statistical analyses were completed on each of the following sections of the survey: affiliation with clinic, utilization of services, access to services, ongoing care, use and coordination of specialists and special services, services available, services received, family centeredness, community orientation, and cultural competency. Sections were scored according the PCAT standardized guidelines.[17]

Paired-sample t-tests and independent sample t-tests were used to test for statistical differences between the pre- and post-intervention survey results. For the purposes of this report, the t-test must have a value of p=.05 or less to be considered statistically significant.

[17] More specific information about the PCAT scoring system can be found in Starfield, B. & Shi, L. (2008). Manual for the primary care assessment tools. Johns Hopkins University, Baltimore, Maryland. Retrieved on March 26, 2009 from www.jhsph.edu/pcpc/PCAT_PDF/PCAT_manual.pdf.

3.0 Main findings

This section presents the results of the PIN's pre- and post-intervention surveys.

3.1 Profile of respondents

The age of pre- and post-intervention survey respondents ranged from 19 to 87 years old. The average age ranged from 46 to 60, depending on the clinic. Most respondents were female, and annual household income varied among the clinics, with Assiniboine clinic respondents reporting higher incomes than the other three clinics (see Tables 3 and 4).[18]

Table 3: Demographic profile of respondents – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Age								
18 to 29	3	3%	3	3%	7	11%	5	8%
30 to 44	14	14%	11	11%	13	20%	13	20%
45 to 64	43	42%	44	43%	30	47%	32	50%
65 or older	42	41%	44	43%	14	22%	14	22%
Average age	59 years old		60 years old		52 years old		53 years old	
Gender								
Male	42	41%	40	39%	15	23%	12	19%
Female	60	59%	62	61%	49	77%	52	81%
Annual household income								
Under $15,000	6	6%	3	3%	3	5%	1	2%
$15,000 to $34,999	9	9%	11	11%	13	20%	16	25%
$35,000 to $49,999	14	14%	13	13%	10	16%	8	13%
$50,000 to $79,999	28	28%	25	25%	13	20%	14	22%
$80,000 or more	30	29%	27	27%	13	20%	11	17%
Not sure/don't remember/no response	15	15%	23	23%	12	19%	14	22%

Table 4: Demographic profile of respondents – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Age								
18 to 29	14	16%	12	14%	7	15%	6	13%
30 to 44	29	34%	28	33%	13	27%	12	25%
45 to 64	30	35%	30	35%	22	46%	23	48%
65 or older	13	15%	16	19%	6	13%	7	15%
Average age	46 years old		47 years old		46 years old		48 years old	
Gender								
Male	19	22%	19	22%	12	25%	11	23%
Female	67	78%	67	78%	36	75%	37	77%
Annual household income								
Under $15,000	5	6%	3	4%	1	2%	1	2%
$15,000 to $34,999	21	24%	23	27%	8	17%	6	13%
$35,000 to $49,999	15	17%	16	19%	6	13%	7	15%
$50,000 to $79,999	16	19%	17	20%	20	42%	11	23%
$80,000 or more	6	7%	7	8%	6	13%	8	17%
Not sure/don't remember/no response	23	27%	20	23%	7	15%	15	31%

[18] There are 12 cases where gender and/or age do not match on the pre- and post-intervention surveys. In these cases, the post-intervention survey may not have been completed by the same individual as the pre-intervention survey.

Most of the respondents reported that they have some college or vocational school or they have finished college or graduate school (see Tables 5 and 6). Steinbach clinic's lower percentages are influenced by the small sample size.

Table 5: Level of education – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Did not finish high school	12	12%	9	9%	14	22%	16	25%
Got a high school diploma or Graduate Equivalency Diploma	21	21%	18	18%	13	20%	10	16%
Had some college or vocational school	29	28%	30	29%	12	19%	14	22%
Finished college or graduate school	40	39%	43	42%	21	33%	20	31%
Not sure/don't remember/no response	-	-	2	2%	4	6%	4	6%

Table 6: Level of education – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Did not finish high school	15	17%	15	17%	13	27%	11	23%
Got a high school diploma or Graduate Equivalency Diploma	14	16%	16	19%	12	25%	14	29%
Had some college or vocational school	29	34%	26	30%	12	25%	12	25%
Finished college or graduate school	26	30%	27	31%	10	21%	10	21%
Not sure/don't remember/ no response	2	2%	2	2%	1	2%	1	2%

Note: Columns may not sum to 100% due to rounding.

Assiniboine clinic has the highest proportion of respondents who are retired or in school and the lowest proportion of respondents who are not employed (see Tables 7 and 8).

Table 7: Employment status – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Employed full-time	37	36%	37	36%	24	38%	14	22%
Employed part-time	11	11%	9	9%	8	13%	13	20%
Not employed	2	2%	3	3%	5	8%	7	11%
Retired/in school	46	45%	48	47%	16	25%	17	27%
Disability	3	3%	3	3%	1	2%	1	2%
Self-employed	1	1%	1	1%	2	3%	2	3%
Homemaker/housewife	1	1%	1	1%	4	6%	4	6%
Other	2	2%	4	4%	2	3%	6	9%
Not sure/don't remember/no response	-	-	-	-	2	3%	2	3%

Note: Respondents could provide more than one answer. Columns may sum to more than 100%.

Table 8: Employment status – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Employed full-time	29	34%	27	31%	20	42%	15	31%
Employed part-time	16	19%	17	20%	7	15%	11	23%
Not employed	11	13%	12	14%	6	13%	4	8%
Retired/in school	19	22%	18	21%	5	10%	11	23%
Disability	-	-	-	-	3	6%	3	6%
Self-employed	2	2%	2	2%	4	8%	4	8%
Homemaker/housewife	6	7%	6	7%	2	4%	2	4%
Other	2	2%	8	9%	-	-	3	6%
Not sure/don't remember/no response	2	2%	1	1%	1	2%	1	2%
Note: Respondents could provide more than one answer. Columns may sum to more than 100%.								

Respondents across the four clients say that they have been patients of their doctors for less than one year up to 45 years. Assiniboine respondents have been patients for an average of 14 or 15 years, while Morden, Winkler, and Steinbach respondents have been patients for an average of eight or nine years (see Tables 9 and 10).

Table 9: Length of time been patient with doctor – Assiniboine and Morden								
How long have you been a patient with this doctor?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Less than 1 year	-	-	-	-	-	-	1	2%
1 year to less than 3 years	4	4%	5	5%	13	20%	8	13%
3 years to less than 5 years	4	4%	4	4%	11	17%	13	20%
5 years to less than 10 years	15	15%	12	12%	10	16%	16	25%
10 years to less than 20 years	49	48%	44	43%	11	17%	14	22%
20 years or longer	21	21%	34	33%	5	8%	10	16%
Not sure/don't remember/no response	9	9%	3	3%	14	22%	2	3%
Average length of time as a patient with doctor	13.6 years		15.2 years		7.9 years		9.7 years	
Note: Columns may not sum to 100% due to rounding.								

Table 10: Length of time been patient with doctor – Winkler and Steinbach								
How long have you been a patient with this doctor?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Less than 1 year	-	-	4	5%	-	-	4	8%
1 year to less than 3 years	11	13%	13	15%	3	6%	4	8%
3 years to less than 5 years	15	17%	12	14%	9	19%	4	8%
5 years to less than 10 years	27	31%	24	28%	20	42%	17	35%
10 years to less than 20 years	13	15%	20	23%	9	19%	13	27%
20 years or longer	11	13%	8	9%	3	6%	4	8%
Not sure/don't remember/no response	9	11%	5	6%	4	8%	2	4%
Average length of time as a patient with doctor	8.7 years		8.3 years		7.7 years		8.1 years	
Note: Columns may not sum to 100% due to rounding.								

Overall, respondents most often rated their health as *very good* or *good*, with the proportion of respondents who said this ranging between 65% and 79% across the four clinics. Little difference occurred among any of the clinics across time periods (see Tables 11 and 12).

Table 11: Rating of personal health – Assiniboine and Morden

Would you say your health is…?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Excellent	10	10%	10	10%	9	14%	11	17%
Very good	39	38%	31	30%	19	30%	18	28%
Good	42	41%	44	43%	24	38%	24	38%
Fair	10	10%	14	14%	7	11%	7	11%
Poor	1	1%	3	3%	3	5%	4	6%
No response	-	-	-	-	2	3%	-	-

Note: Columns may not sum to 100% due to rounding.

Table 12: Rating of personal health – Winkler and Steinbach

Would you say your health is…?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Excellent	13	15%	13	15%	6	13%	5	10%
Very good	29	34%	32	37%	16	33%	14	29%
Good	28	33%	24	28%	17	35%	22	46%
Fair	14	16%	10	12%	8	17%	7	15%
Poor	2	2%	5	6%	1	2%	-	-
No response	-	-	2	2%	-	-	-	-

Between 45% and 65% of respondents (across the four clinics) reported that they had at least one of the health problems (physical, mental, or emotional) that lasted or is likely to last longer than one year. In the pre-intervention survey, Assiniboine clinic respondents reported having the most health problems (65%); however, they also had the largest decrease in the post-intervention survey (54%) (see Tables 13 and 14).

Table 13: Physical, mental, or emotion problems – Assiniboine and Morden

Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Yes	66	65%	55	54%	37	58%	35	55%
No	35	34%	44	43%	25	39%	27	42%
Not sure/don't remember/no response	1	1%	3	3%	2	3%	2	3%

Table 14: Physical, mental, or emotion problems – Winkler and Steinbach

Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Yes	44	51%	39	45%	27	56%	29	60%
No	38	44%	43	50%	21	44%	17	35%
Not sure/don't remember/no response	4	5%	4	5%	-	-	2	4%

Note: Columns may not sum to 100% due to rounding.

3.2 Affiliation with the clinic

Matched sample

In terms of affiliation with the clinic, there are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall (see Table 15).

Table 15: Mean score for affiliation of services at the clinic – matched sample

Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.96	3.92	0.207	-0.0221	0.1005
Morden	64	3.81	3.86	0.370	-0.1506	0.0568
Winkler	86	3.85	3.87	0.620	-0.1161	0.0696
Steinbach	48	3.81	3.75	0.322	-0.0632	0.1882
Overall	300	3.87	3.87	0.769	-0.0379	0.0512

Note: Statistical testing was completed using a paired-sample t-test.

Unmatched sample

Similar to the matched sample, there are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall (see Table 16).

Table 16: Mean score for affiliation of services at the clinic – unmatched sample

Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.88	374	3.90	0.396	-0.0762	0.0302
Morden	262	3.76	293	3.76	0.902	-0.0842	0.0743
Winkler	333	3.76	260	3.75	0.673	-0.0606	0.0939
Steinbach	227	3.75	286	3.73	0.615	-0.0628	0.1061
Overall	1,151	3.79	1,213	3.79	0.932	-0.0379	0.0347

Note: Statistical testing was completed by using an independent-sample t-test.

3.3 Utilization of services at the clinic

Matched sample

There are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall for utilization of services at the clinics (see Table 17 next page).

Table 17: Mean score for utilization of services at the clinic – matched sample						
Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.86	3.81	0.071	-0.0042	0.1023
Morden	64	3.74	3.78	0.512	-0.1259	0.0634
Winkler	86	3.81	3.82	0.755	-0.0855	0.0623
Steinbach	48	3.82	3.72	0.142	-0.0336	0.2281
Overall	300	3.81	3.79	0.273	-0.0176	0.0621
Note: Statistical testing was completed using a paired-sample t-test.						

Unmatched sample

Similar to the matched sample, there are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall (see Table 18).

Table 18: Mean score for utilization of services at the clinic – unmatched sample							
Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.84	374	3.81	0.157	-0.0127	0.0785
Morden	262	3.74	293	3.76	0.648	-0.0717	0.0446
Winkler	333	3.77	260	3.73	0.191	-0.0196	0.0982
Steinbach	227	3.79	286	3.78	0.685	-0.0464	0.0706
Overall	1,151	3.79	1,213	3.77	0.255	-0.0115	0.0432
Note: Statistical testing was completed by using an independent-sample t-test.							

3.4 Access to services at the clinic

Matched sample

Access to services decreased at the Assiniboine and Steinbach clinics on the post-intervention survey. Results are statistically significant at the 0.05 level or less (see Table 19). Overall results show a similar trend and are significant.

Table 19: Mean score for access to services at the clinic – matched sample						
Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	2.36	2.25	0.051	-0.0006	0.2114
Morden	64	2.31	2.34	0.673	-0.1787	0.1162
Winkler	86	2.48	2.45	0.664	-0.1402	0.1053
Steinbach	48	2.32	2.11	0.021	0.0339	0.3932
Overall	300	2.38	2.31	0.036	0.0048	0.1386
Note: Statistical testing was completed using a paired-sample t-test.						

Unmatched sample

Access to services increased at the Assiniboine and Winkler clinics and decreased at the Steinbach clinic on the post-intervention survey. Results are statistically significant at the 0.05 level or less (see Table 20). Overall results also increased on the post-intervention survey and are significant.

Table 20: Mean score for access to services at the clinic – unmatched sample

Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	2.28	374	2.41	0.003	-0.2163	-0.0455
Morden	262	2.37	293	2.45	0.068	-0.1834	0.0064
Winkler	333	2.41	260	2.51	0.045	-0.1930	-0.0024
Steinbach	227	2.38	286	2.27	0.032	0.0096	0.2096
Overall	1,151	2.36	1,213	2.41	0.030	-0.0986	-0.0051

Note: Statistical testing was completed by using an independent-sample t-test.

3.5 Ongoing care at the clinic

Matched sample

In terms of ongoing care at the clinic, there are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall (see Table 21).

Table 21: Mean score for ongoing care at the clinic – matched sample

Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.46	3.47	0.756	-0.0902	0.0657
Morden	64	3.27	3.25	0.739	-0.0973	0.1364
Winkler	86	3.02	3.04	0.778	-0.1402	0.1053
Steinbach	48	2.94	2.79	0.058	-0.0053	0.2969
Overall	300	3.21	3.19	0.516	-0.0371	0.0738

Note: Statistical testing was completed using a paired-sample t-test.

Unmatched sample

In the unmatched sample, ongoing care at the clinic increased at the Assiniboine clinic and decreased at Steinbach clinic on the post-intervention survey. Results are statistically significant at the 0.05 level (see Table 22).

Table 22: Mean score for ongoing care at the clinic – unmatched sample

Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.40	374	3.48	0.022	-0.1556	-0.0122
Morden	262	3.12	293	3.14	0.711	-0.1192	0.0813
Winkler	333	2.89	260	2.99	0.061	-0.2019	0.0045
Steinbach	227	2.99	286	2.85	0.015	0.0271	0.2563
Overall	1,151	3.11	1,213	3.14	0.162	-0.0873	0.0146

Note: Statistical testing was completed by using an independent-sample t-test.

3.6 Use and coordination of specialists and special services

Matched sample

Use and coordination of specialists and special services increased at the Winkler clinic in the post-intervention survey. This result is statistically significant at the 0.05 level (see Table 23).

Table 23: Mean score for use and coordination of specialist and special services – matched sample

Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	88	3.63	3.62	0.919	-0.1050	0.1164
Morden	47	3.37	3.44	0.517	-0.2822	0.1439
Winkler	60	3.46	3.58	0.030	-0.2213	-0.0120
Steinbach	35	3.45	3.48	0.803	-0.2594	0.2022
Overall	230	3.50	3.55	0.212	-0.1204	0.0269

Note: Statistical testing was completed using a paired-sample t-test.

Unmatched sample

Within the unmatched sample, use and coordination of specialists and special services decreased at the Steinbach clinic in the post-intervention survey. This result is statistically significant at the 0.05 level (see Table 24 next page).

Table 24: Mean score for use and coordination of specialist and special services – unmatched sample							
Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	307	3.55	321	3.58	0.510	-0.1117	0.0556
Morden	200	3.38	201	3.45	0.259	-0.1959	0.0529
Winkler	204	3.31	174	3.41	0.137	-0.2434	0.0334
Steinbach	176	3.48	233	3.35	0.045	0.0028	0.2436
Overall	887	3.44	929	3.46	0.445	-0.0785	0.0345
Note: Statistical testing was completed by using an independent-sample t-test.							

3.7 Services available at the clinic

Matched sample

There are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall for services available at the clinics (see Table 25).

Table 25: Mean score for services available at the clinic – matched sample						
Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.16	3.17	0.893	-0.1156	0.1009
Morden	64	3.17	3.15	0.807	-0.1399	0.1790
Winkler	86	3.19	3.12	0.350	-0.0779	0.2175
Steinbach	48	3.20	2.97	0.062	-0.0118	0.4701
Overall	300	3.18	3.12	0.128	-0.0169	0.1335
Note: Statistical testing was completed using a paired-sample t-test.						

Unmatched sample

The overall mean score for services available at the clinics decreased in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 26).

Table 26: Mean score for services available at the clinic – unmatched sample							
Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.11	374	3.04	0.105	-0.0151	0.1587
Morden	262	3.03	293	3.03	0.889	-0.1133	0.0983
Winkler	333	3.11	260	3.05	0.226	-0.0385	0.1624
Steinbach	227	3.11	286	3.04	0.189	-0.0349	0.1766
Overall	1,151	3.09	1,213	3.04	0.042	0.0019	0.1003
Note: Statistical testing was completed by using an independent-sample t-test.							

3.8 Services received at the clinic

Matched sample

Services received increased at the Morden clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 27).

Table 27: Mean score for services received at the clinic – matched sample

Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	2.68	2.71	0.627	-0.1960	0.1187
Morden	64	2.56	2.75	0.051	-0.3903	0.0010
Winkler	86	2.89	2.88	0.861	-0.1814	0.2165
Steinbach	48	2.76	2.56	0.075	-0.0210	0.4203
Overall	300	2.73	2.74	0.714	-0.1125	0.0771

Note: Statistical testing was completed using a paired-sample t-test.

Unmatched sample

There are no statistically significant differences between the mean scores of the pre- and post-intervention surveys for each clinic or overall for services received at the clinics (see Table 28).

Table 28: Mean score for services received at the clinic – unmatched sample

Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	2.56	374	2.60	0.596	-0.1640	0.0943
Morden	262	2.48	293	2.54	0.417	-0.2111	0.0876
Winkler	333	2.76	260	2.68	0.258	-0.0621	0.2311
Steinbach	227	2.63	286	2.52	0.156	-0.0399	0.2482
Overall	1,151	2.61	1,213	2.58	0.393	-0.0399	0.1017

Note: Statistical testing was completed by using an independent-sample t-test.

3.9 Family centeredness at the clinic

Matched sample

Family centeredness increased at the Winkler clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 29 next page).

Table 29: Mean score for family centeredness at the clinic – matched sample						
Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.48	3.50	0.770	-0.1521	0.1129
Morden	64	3.45	3.39	0.585	-0.1650	0.2900
Winkler	86	3.38	3.55	0.017	-0.3058	-0.0314
Steinbach	48	3.28	3.29	0.912	-0.1986	0.1778
Overall	300	3.41	3.46	0.298	-0.1251	0.0385
Note: Statistical testing was completed using a paired-sample t-test.						

Unmatched sample

In the unmatched sample, the overall mean score for family centeredness increased in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 30).

Table 30: Mean score for family centeredness at the clinic – unmatched sample							
Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.41	374	3.46	0.305	-0.1444	0.0452
Morden	262	3.34	293	3.43	0.117	-0.2028	0.0226
Winkler	333	3.34	260	3.39	0.354	-0.1637	0.0586
Steinbach	227	3.33	286	3.35	0.782	-0.1380	0.1039
Overall	1,151	3.36	1,213	3.41	0.051	-0.1079	0.0003
Note: Statistical testing was completed by using an independent-sample t-test.							

3.10 Community orientation at the clinic

Matched sample

Community orientation increased at the Winkler clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 31).

Table 31: Mean score for community orientation at the clinic – matched sample						
Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	2.22	2.15	0.065	-0.0044	0.1466
Morden	64	2.26	2.20	0.340	-0.0590	0.1684
Winkler	86	2.32	2.42	0.032	-0.2003	-0.0090
Steinbach	48	2.17	2.08	0.138	-0.0312	0.2187
Overall	300	2.25	2.23	0.403	-0.0281	0.0698
Note: Statistical testing was completed using a paired-sample t-test.						

Unmatched sample

Similar to the matched sample results, community orientation increased at the Winkler clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 32).

Table 32: Mean score for community orientation at the clinic – unmatched sample

Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	2.14	374	2.12	0.611	-0.0473	0.0804
Morden	262	2.19	293	2.21	0.609	-0.0886	0.0520
Winkler	333	2.18	260	2.30	0.003	-0.1904	-0.0382
Steinbach	227	2.17	286	2.17	0.957	-0.0708	0.0748
Overall	1,151	2.17	1,213	2.19	0.220	-0.0574	0.0132

Note: Statistical testing was completed by using an independent-sample t-test.

3.11 Cultural competency

Matched sample

Cultural competency decreased at the Steinbach clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 33).

Table 33: Mean score for cultural competency at the clinic – matched sample

Clinic	n	Pre-intervention survey Mean score	Post-intervention survey Mean score	P-value	95% confidence interval of the difference	
					Lower	Upper
Assiniboine	102	3.34	3.29	0.359	-0.0566	0.1546
Morden	64	3.26	2.24	0.850	-0.1485	0.1798
Winkler	86	3.18	3.16	0.790	-0.1250	0.1637
Steinbach	48	3.34	3.10	0.020	0.0407	0.4454
Overall	300	3.28	3.21	0.079	-0.0074	0.1363

Note: Statistical testing was completed using a paired-sample t-test.

Unmatched sample

Similar to the matched sample results, cultural competency decreased at the Steinbach clinic in the post-intervention survey. This result is statistically significant at the 0.05 level or less (see Table 34 next page).

Table 34: Mean score for cultural competency at the clinic – unmatched sample							
Clinic	Pre-intervention survey		Post-intervention survey		P-value	95% confidence interval of the difference	
	n	Mean score	n	Mean score		Lower	Upper
Assiniboine	329	3.25	374	3.30	0.231	-0.1336	0.0323
Morden	262	3.13	293	3.11	0.647	-0.0835	0.1343
Winkler	333	3.10	260	3.13	0.566	-0.1350	0.0739
Steinbach	227	3.25	286	3.12	0.027	0.0134	0.2276
Overall	1,151	3.18	1,213	3.18	0.900	-0.0467	0.0531
Note: Statistical testing was completed by using an independent-sample t-test.							

4.0 Detailed results of the matched sample

This section of the report focuses on the matched sample results. Results from the unmatched sample can be found in Annex 2.

4.1 Affiliation with the clinic

Tables 35 and 36 reflect the process for screening individuals for the survey.

Table 35: Respondents' history with the clinic – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Do you usually come to this clinic when you are sick or need advice about your health?								
Yes	101	99%	100	98%	60	94%	61	95%
No	1	1%	2	2%	4	6%	3	5%
Does/do the doctor/doctors in this clinic know you relatively well?								
Yes	99	97%	96	94%	58	91%	58	91%
No	2	2%	6	6%	5	8%	4	6%
Not sure/no response	1	1%	-	-	1	2%	2	3%
Is this clinic most responsible for your health care?								
Yes	102	100%	102	100%	62	97%	64%	100%
No	-	-	-	-	2	3%	-	-

Note: Columns may not sum to 100% due to rounding.

Table 36: Respondents' history with the clinic – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Do you usually come to this clinic when you are sick or need advice about your health?								
Yes	83	97%	86	100%	47	98%	47	98%
No	3	4%	-	-	1	2%	1	2%
Does/do the doctor/doctors in this clinic know you relatively well?								
Yes	78	91%	77	90%	42	88%	39	81%
No	6	7%	9	11%	5	10%	9	19%
Not sure/no response	2	2%	-	-	1	2%	-	-
Is this clinic most responsible for your health care?								
Yes	84	98%	84	98%	46	96%	46	96%
No	2	2%	2	2%	2	4%	2	4%

Note: Columns may not sum to 100% due to rounding.

4.2 Utilization of services at the clinic

Almost all respondents, regardless of which clinic they attended, say they *definitely* or *probably* would come to see a doctor at this particular clinic for a regular general check-up (see Tables 37 and 38 next page). Similarly, nearly all respondents say they would come to this clinic with new health problems or that they need a referral from their family doctor when they have to see a specialist.

Table 37: Utilization of clinic in terms of first contacts – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
When you need a regular general check-up, do you come see a doctor in this clinic?								
Definitely	102	100%	101	99%	60	94%	61	95%
Probably	-	-	-	-	4	6%	3	5%
Probably not	-	-	-	-	-	-	-	-
Definitely not	-	-	-	-	-	-	-	-
Not sure/don't remember/no response	-	-	1	1%	-	-	-	-
When you have a new health problem, do you come to this clinic before going elsewhere?								
Definitely	89	87%	87	85%	52	81%	53	83%
Probably	11	11%	14	14%	9	14%	8	13%
Probably not	2	2%	-	-	2	3%	2	3%
Definitely not	-	-	-	-	-	-	1	2%
Not sure/don't remember/no response	-	-	1	1%	1	2%	-	-
When you have to see a specialist, does your family doctor need to refer you?								
Definitely	76	75%	66	65%	38	59%	47	73%
Probably	24	24%	32	31%	22	34%	10	16%
Probably not	-	-	-	-	2	3%	-	-
Definitely not	-	-	-	-	-	-	1	2%
Not sure/don't remember/no response	2	2%	4	4%	2	3%	6	9%

Note: Columns may not sum to 100% due to rounding.

Table 38: Utilization of clinic in terms of first contacts – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
When you need a regular general check-up, do you come see a doctor in this clinic?								
Definitely	81	94%	81	94%	46	96%	40	83%
Probably	4	5%	4	5%	1	2%	6	13%
Probably not	-	-	-	-	1	2%	1	2%
Definitely not	-	-	1	1%	-	-	-	-
Not sure/don't remember/no response	1	1%	-	-	-	-	1	2%
When you have a new health problem, do you come to this clinic before going elsewhere?								
Definitely	75	87%	78	91%	44	92%	39	81%
Probably	10	12%	7	8%	3	6%	7	15%
Probably not	-	-	-	-	1	2%	1	2%
Definitely not	1	1%	-	-	-	-	-	-
Not sure/don't remember/no response	-	-	1	1%	-	-	1	2%
When you have to see a specialist, does your family doctor need to refer you?								
Definitely	60	70%	58	67%	33	69%	30	63%
Probably	22	26%	26	30%	12	25%	17	35%
Probably not	1	1%	1	1%	1	2%	-	-
Definitely not	-	-	-	-	-	-	-	-
Not sure/don't remember/no response	3	4%	1	1%	2	4%	1	2%

Note: Columns may not sum to 100% due to rounding.

4.3 Access to services at the clinic

In the post-intervention survey, respondents in Morden and Winkler clinics were somewhat more inclined to think they *definitely* or *probably* could get an appointment on the same day than in the pre-intervention survey, and were more positive than respondents in the Assiniboine and Steinbach clinics (see Tables 39 and 40). As seen in the same tables, respondents at all clinics indicated little differences across the two time periods in terms of whether they would be able to get advice quickly over the phone, though Assiniboine Clinic respondents were the most optimistic.

Table 39: Access to appointments or advice when clinic is open – Assiniboine and Morden

When your family doctor's office is open…	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
…and you get sick, can you get an appointment on the same day?								
Definitely	9	9%	6	6%	4	6%	6	9%
Probably	39	38%	37	36%	21	33%	25	39%
Probably not	40	39%	37	36%	23	36%	16	25%
Definitely not	13	13%	15	15%	9	14%	10	16%
Not sure/don't remember/no response	1	1%	7	7%	7	11%	7	11%
…can you get advice quickly over the phone if you need it?								
Definitely	18	18%	11	11%	8	13%	6	9%
Probably	45	44%	46	45%	23	36%	24	38%
Probably not	22	22%	21	21%	14	22%	15	23%
Definitely not	8	8%	11	11%	4	6%	9	14%
Not sure/don't remember/no response	9	9%	13	13%	15	23%	10	16%

Note: Columns may not sum to 100% due to rounding.

Table 40: Access to appointments or advice when clinic is open – Winkler and Steinbach

When your family doctor's office is open…	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
…and you get sick, can you get an appointment on the same day?								
Definitely	19	22%	20	23%	11	23%	8	17%
Probably	25	29%	32	37%	9	19%	6	13%
Probably not	29	34%	21	24%	12	25%	13	27%
Definitely not	11	13%	9	11%	14	29%	19	40%
Not sure/don't remember/no response	2	2%	4	5%	2	4%	2	4%
…can you get advice quickly over the phone if you need it?								
Definitely	11	13%	8	9%	8	17%	4	8%
Probably	30	35%	31	36%	15	31%	14	29%
Probably not	29	34%	22	26%	14	29%	12	25%
Definitely not	10	12%	17	20%	6	13%	15	31%
Not sure/don't remember/no response	6	7%	8	9%	5	10%	3	6%

Note: Columns may not sum to 100% due to rounding.

Winkler respondents were most likely in both the pre- and post-intervention surveys to *definitely* or *probably* believe there would be a phone number to call if they got sick. Little difference occurred among any of the clinics across time periods (see Tables 41 and 42). In the same tables, it is clear that seeing someone from any of the clinics at night is unlikely, though responses from Winkler suggest there may be exceptions.

Table 41: Access to appointments or advice when clinic is closed – Assiniboine and Morden

When your family doctor's office is closed…	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
…is there a phone number you can call when you get sick?								
Definitely	28	28%	18	18%	14	22%	16	25%
Probably	15	15%	21	21%	12	19%	16	25%
Probably not	12	12%	13	13%	11	17%	4	6%
Definitely not	16	16%	16	16%	5	8%	4	6%
Not sure/don't remember/no r response	31	30%	34	33%	22	34%	24	38%
…and you get sick during the night, can someone from the clinic see you that night?								
Definitely	1	1%	-	-	-	-	1	2%
Probably	4	4%	4	4%	8	13%	8	13%
Probably not	33	32%	39	38%	17	27%	23	36%
Definitely not	31	30%	32	31%	18	28%	20	31%
Not sure/don't remember/no response	33	32%	27	27%	21	33%	12	19%

Note: Columns may not sum to 100% due to rounding.

Table 42: Access to appointments or advice when clinic is closed – Winkler and Steinbach

When your family doctor's office is closed…	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
…is there a phone number you can call when you get sick?								
Definitely	25	29%	28	33%	10	21%	14	29%
Probably	30	35%	24	28%	11	23%	9	19%
Probably not	13	15%	13	15%	7	15%	3	6%
Definitely not	9	11%	9	11%	5	10%	10	21%
Not sure/don't remember/no response	9	11%	12	14%	15	31%	12	25%
…and you get sick during the night, can someone from the clinic see you that night?								
Definitely	5	6%	6	7%	4	8%	1	2%
Probably	15	17%	10	12%	3	6%	5	10%
Probably not	29	34%	27	31%	17	35%	16	33%
Definitely not	26	30%	32	37%	17	35%	23	48%
Not sure/don't remember/no response	11	13%	11	13%	7	15%	3	6%

Note: Columns may not sum to 100% due to rounding.

4.4 Ongoing care at the clinic

Respondents from the Assiniboine clinic, in both time periods, gave the highest ratings (98%) for being *definitely* or *probably* able to have access to care by the same doctor each time. Respondents from Morden clinic had a similar response on the pre-intervention survey (96%) and dropped slightly in the post-intervention survey (88%). Winkler moved from 80% in the pre-intervention survey to 75% in the post-intervention survey, and Steinbach dropped from 81% in the pre-intervention survey down to 66% in the post-intervention survey (see Tables 43 and 44, next page).

According to respondents, being able to ask a question to the doctor who knows you best was most likely to happen at the Assiniboine clinic (80% in the pre-intervention survey and 70% in the post-intervention survey), followed by Morden clinic (75% in the pre-intervention survey and 67% in the post-intervention survey), Winkler (about 50% in both surveys) and Steinbach (40% in the pre-intervention survey and 48% in the post-intervention survey).[19]

Table 43: Access to care by the same doctor – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
When you come to the clinic, are you taken care of by the same doctor each time?								
Definitely	90	88%	94	92%	42	66%	35	55%
Probably	10	10%	6	6%	19	30%	21	33%
Probably not	1	1%	1	1%	2	3%	6	9%
Definitely not	-	-	-	-	1	2%	1	2%
Not sure/don't remember/no response	1	1%	1	1%	-	-	1	2%
If you have a question, can you call and talk to the doctor who knows you best?								
Definitely	40	39%	43	42%	22	34%	23	36%
Probably	42	41%	29	28%	26	41%	20	31%
Probably not	8	8%	14	14%	9	14%	11	17%
Definitely not	3	3%	6	6%	2	3%	5	8%
Not sure/don't remember/no response	9	9%	10	10%	5	8%	5	8%

Note: Columns may not sum to 100% due to rounding.

Table 44: Access to care by the same doctor – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	N	%
When you come to the clinic, are you taken care of by the same doctor each time?								
Definitely	34	40%	33	38%	23	48%	15	31%
Probably	34	40%	32	37%	16	33%	17	35%
Probably not	9	11%	14	16%	4	8%	10	21%
Definitely not	8	9%	7	8%	3	6%	5	10%
Not sure/don't remember/no response	1	1%	-	-	2	4%	1	2%
If you have a question, can you call and talk to the doctor who knows you best?								
Definitely	14	16%	13	15%	6	13%	4	8%
Probably	32	37%	28	33%	13	27%	19	40%
Probably not	24	28%	25	29%	17	35%	12	25%
Definitely not	11	13%	14	16%	6	13%	10	21%
Not sure/don't remember/no response	5	6%	6	7%	6	13%	3	6%

Note: Columns may not sum to 100% due to rounding.

In Tables 45 and 46 (next page), Assiniboine clinic doctors appear to be the most knowledgeable about their patients as people rather than just someone with medical problems (79% in the pre-intervention survey and 83% in the post-intervention survey). Morden follows with 72% in the pre-intervention survey and 76% in the post-intervention survey. The Winkler clinic appears to have dropped in the *probably* category and increased in the *definitely* category, going from 43% to 56% in the post-intervention survey.

[19] Steinbach's small sample size tends to skew percentages upward.

As seen in the same tables, respondents from Assiniboine and Morden clinic are most optimistic (across the pre- and post-intervention surveys) that their family doctors know what problems are most important to them. Steinbach dropped from 88% in the pre-intervention survey to 71% in the post-intervention survey.

Table 45: Family doctor's personal knowledge of respondents – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Does your family doctor know you very well as a person, rather than as someone with a medical problem?								
Definitely	50	49%	55	54%	24	38%	27	42%
Probably	31	30%	30	29%	22	34%	22	34%
Probably not	16	16%	13	13%	14	22%	9	14%
Definitely not	3	3%	2	2%	4	6%	3	5%
Not sure/don't remember/no response	2	2%	2	2%	-	-	3	5%
Does your family doctor know what problems are most important to you?								
Definitely	64	63%	66	65%	30	47%	37	58%
Probably	31	30%	28	28%	29	45%	22	34%
Probably not	4	4%	6	6%	4	6%	3	5%
Definitely not	1	1%	1	1%	1	2%	1	2%
Not sure/don't remember/no response	2	2%	1	1%	-	-	1	2%

Note: Columns may not sum to 100% due to rounding.

Table 46: Family doctor's personal knowledge of respondents – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Does your family doctor know you very well as a person, rather than as someone with a medical problem?								
Definitely	37	43%	48	56%	13	27%	17	35%
Probably	30	35%	18	21%	19	40%	10	21%
Probably not	12	14%	15	17%	10	21%	13	27%
Definitely not	6	7%	3	4%	3	6%	6	13%
Not sure/don't remember/no response	1	1%	2	2%	3	6%	2	4%
Does your family doctor know what problems are most important to you?								
Definitely	40	47%	40	47%	20	42%	22	46%
Probably	34	40%	37	43%	22	46%	12	25%
Probably not	6	7%	6	7%	3	6%	10	21%
Definitely not	3	4%	1	1%	2	4%	1	2%
Not sure/don't remember/no response	3	4%	2	2%	1	2%	3	6%

Note: Columns may not sum to 100% due to rounding.

4.5 Use and coordination of specialists and special services

Most respondents have visited a specialist or have used a special service; little difference exists across the time periods (see Tables 47 and 48, next page).

Table 47: Visits to specialists or special services – Assiniboine and Morden								
Have you ever had a visit to any kind of specialist or special service?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Yes	95	93%	93	91%	54	84%	51	80%
No	7	7%	4	4%	5	8%	7	11%
Not sure/don't remember/no response	-	-	5	5%	5	8%	6	9%

Table 48: Visits to specialists or special services – Winkler and Steinbach								
Have you ever had a visit to any kind of specialist or special service?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Yes	68	79%	65	76%	37	77%	41	85%
No	13	15%	19	22%	6	13%	5	10%
Not sure/don't remember/no response	5	6%	2	2%	5	10%	2	4%
Note: Columns may not sum to 100% due to rounding.								

Tables 49 and 50 show little difference among clinics or between time periods for doctors discussing referrals with their patients.

Table 49: Discussed different places to go for help with problem – Assiniboine and Morden								
	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	95	93%	93	91%	54	84%	51	80%
	(n=95)		(n=93)		(n=54)		(n=51)	
Did your family doctor discuss with you the different places you could have gone to get help with that problem?								
Definitely	53	56%	54	58%	26	48%	29	57%
Probably	22	23%	17	18%	12	22%	7	14%
Probably not	7	7%	13	14%	6	11%	10	20%
Definitely not	3	3%	3	3%	2	4%	3	6%
Not sure/don't remember/no response	10	11%	6	7%	8	15%	2	4%
Note: Columns may not sum to 100% due to rounding.								

Table 50: Discussed different places to go for help with problem – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	68	79%	65	76%	37	77%	41	85%
	(n=68)		(n=65)		(n=37)		(n=41)	
Did your family doctor discuss with you the different places you could have gone to get help with that problem?								
Definitely	29	43%	33	51%	16	43%	18	44%
Probably	23	34%	14	22%	9	24%	11	27%
Probably not	9	13%	10	15%	4	11%	4	10%
Definitely not	6	9%	1	2%	4	11%	4	10%
Not sure/don't remember/no response	1	2%	7	11%	4	11%	4	10%
Note: Columns may not sum to 100% due to rounding.								

Most respondents (who have visited a specialist or special service) indicate that the staff *definitely* or *probably* assisted them in making appointments with specialists or special services, with the most occurring in 97% of Assiniboine clinic respondents across both time periods (see Tables 51 and 52).

Table 51: Assistance with making specialist or special service appointment – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	95	93%	93	91%	54	84%	51	80%
	(n=95)		(n=93)		(n=54)		(n=51)	
Did someone in the clinic help you make the appointment for that visit?								
Definitely	85	90%	87	94%	38	70%	41	80%
Probably	7	7%	3	3%	3	6%	4	8%
Probably not	-	-	3	3%	3	6%	1	2%
Definitely not	-	-	-	-	5	9%	4	8%
Not sure/don't remember/no response	3	3%	-	-	5	9%	1	2%

Table 52: Assistance with making specialist or special service appointment – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	68	79%	65	76%	37	77%	41	85%
	(n=68)		(n=65)		(n=37)		(n=41)	
Did someone in the clinic help you make the appointment for that visit?								
Definitely	47	69%	50	77%	29	78%	32	78%
Probably	13	19%	8	12%	3	8%	5	12%
Probably not	2	3%	5	8%	3	8%	2	5%
Definitely not	3	4%	-	-	1	3%	2	5%
Not sure/don't remember/no response	3	4%	2	3%	1	3%	-	-

Note: Columns may not sum to 100% due to rounding.

Most respondents (who have visited a specialist or special service) indicate that the staff *definitely* or *probably* wrote a letter to take or mail to a specialist. The Winkler clinic shows positive change in the post-intervention survey, moving up from 66% *definitely* in the pre-intervention survey to 83% *definitely* in the post-intervention survey, likely gaining responses from *probably* which moved down from 19% in the pre-intervention survey to 9% in the post-intervention survey (see Tables 53 and 54).

Table 53: Writing a letter for specialist – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	95	93%	93	91%	54	84%	51	80%
	(n=95)		(n=93)		(n=54)		(n=51)	
Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?								
Definitely	70	74%	71	76%	35	65%	38	75%
Probably	12	13%	10	11%	7	13%	6	12%
Probably not	3	3%	4	4%	3	6%	1	2%
Definitely not	1	1%	4	4%	2	4%	2	4%
Not sure/don't remember/no response	9	10%	4	4%	7	13%	4	8%

Note: Columns may not sum to 100% due to rounding.

Table 54: Writing a letter for specialist – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	68	79%	65	76%	37	77%	41	85%
	(n=68)		(n=65)		(n=37)		(n=41)	
Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?								
Definitely	45	66%	54	83%	22	60%	24	59%
Probably	13	19%	6	9%	7	19%	12	29%
Probably not	2	3%	2	3%	2	5%	-	-
Definitely not	1	2%	-	-	2	5%	2	5%
Not sure/don't remember/no response	7	10%	3	5%	4	11%	3	7%

For those who had a visit to a specialist or special services, few differences exist among the clinics, or over time with respect to a follow-up discussion with the family doctor regarding their visit with the specialist or special service (see Tables 55 and 56).

Table 55: Post-visit discussion with family doctor about specialist or special service – Assiniboine and Morden								
	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	95	93%	93	91%	54	84%	51	80%
	(n=95)		(n=93)		(n=54)		(n=51)	
After you went to the specialist or special service, did your family doctor talk with you about what happened at the visit?								
Definitely	70	74%	69	74%	36	67%	35	67%
Probably	12	13%	14	15%	7	13%	8	16%
Probably not	6	6%	5	5%	2	4%	4	8%
Definitely not	2	2%	3	3%	3	6%	4	8%
Not sure/don't remember/no response	5	5%	2	2%	6	11%	-	-
Note: Columns may not sum to 100% due to rounding.								

Table 56: Post-visit discussion with family doctor about specialist or special service – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	68	79%	65	76%	37	77%	41	85%
	(n=68)		(n=65)		(n=37)		(n=41)	
After you went to the specialist or special service, did your family doctor talk with you about what happened at the visit?								
Definitely	46	68%	48	74%	25	68%	27	66%
Probably	12	18%	11	17%	8	22%	8	20%
Probably not	6	9%	3	5%	1	3%	1	2%
Definitely not	2	3%	-	-	1	3%	2	5%
Not sure/don't remember/no response	2	3%	3	5%	2	5%	3	7%
Note: Columns may not sum to 100% due to rounding.								

4.6 Services available at the clinic

4.6.1 Immunizations

Respondents from Assiniboine clinic gave the highest ratings for being *definitely* or *probably* able to get immunizations (shots) from their clinic. There are few differences across time periods in the Assiniboine, Morden, and Winkler clinics, although some suggestion exists that respondents using the Steinbach clinic are less positive in the post-intervention survey about whether immunizations are available (92% responding *definitely* or *probably* in the pre-intervention survey compared to 79% in the post-intervention survey—see Tables 57 and 58).

Table 57: Availability of immunizations (shots) at family doctor's office – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	89	87%	92	90%	44	69%	44	69%
Probably	9	9%	7	7%	8	13%	10	16%
Probably not	1	1%	-	-	3	5%	3	5%
Definitely not	-	-	-	-	1	2%	-	-
Not sure/don't remember/no response	9	3%	3	3%	8	13%	7	11%

Note: Columns may not sum to 100% due to rounding.

Table 58: Availability of immunizations (shots) at family doctor's office – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	36	42%	39	45%	38	79%	24	50%
Probably	15	17%	18	21%	6	13%	14	29%
Probably not	16	19%	10	12%	-	-	3	6%
Definitely not	6	7%	10	12%	1	2%	1	2%
Not sure/don't remember/no response	13	15%	9	11%	3	6%	6	13%

Note: Columns may not sum to 100% due to rounding.

4.6.2 Family planning or birth control methods

Little difference exists across the two time periods in terms of the availability of services involving family planning or birth control methods (see Tables 59 and 60, next page). Among the clinics, more Steinbach respondents reported that these services were available.[20] These results may reflect respondents' need for such services; older patients may be less certain that such services are available and this can affect the response pattern.

[20] It is important to note that there are relatively large proportions of respondents at Assiniboine, Morden, and Winkler clinics that are not sure, don't remember, or did not provide a response to the question about the availability of services involving family planning or birth control methods. These proportions range from 15% to 28% among the clinics.

Table 59: Availability of family planning and birth control methods at family doctor's office – Assiniboine and Morden								
	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	48	47%	51	50%	40	63%	37	58%
Probably	25	25%	19	19%	7	11%	12	19%
Probably not	1	1%	-	-	-	-	-	-
Definitely not	4	4%	3	3%	1	2%	2	3%
Not sure/don't remember/no response	24	24%	29	28%	16	25%	13	20%
Note: Columns may not sum to 100% due to rounding.								

Table 60: Availability of family planning and birth control methods at family doctor's office – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	54	63%	51	59%	32	67%	29	60%
Probably	14	16%	14	16%	10	21%	12	25%
Probably not	-	-	1	1%	-	-	-	-
Definitely not	5	6%	3	4%	2	4%	1	2%
Not sure/don't remember/no response	13	15%	17	20%	4	8%	6	13%

4.6.3 Counselling for mental health problems

Overall, respondents are less sure of the availability of these services through the clinics. This may reflect a lack of demand and therefore insufficient experience in requesting these services. The patterns of responses among clinics are broadly similar (when adding those who think these services are *definitely* or *probably* available). Few changes have occurred between the pre-intervention and post-intervention surveys (see Tables 61 and 62).

Table 61: Availability of counselling for mental health problems at family doctor's office – Assiniboine and Morden								
	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	31	30%	33	32%	24	38%	20	31%
Probably	26	26%	34	33%	17	27%	19	30%
Probably not	4	4%	3	3%	1	2%	7	11%
Definitely not	2	2%	4	4%	2	3%	2	3%
Not sure/don't remember/no response	39	38%	28	28%	20	31%	16	25%
Note: Columns may not sum to 100% due to rounding.								

Table 62: Availability of counselling for mental health problems at family doctor's office – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	34	40%	28	33%	15	31%	10	21%
Probably	24	28%	28	33%	16	33%	19	40%
Probably not	12	14%	10	12%	1	2%	4	8%
Definitely not	3	4%	4	5%	3	6%	3	6%
Not sure/don't remember/no response	13	15%	16	19%	13	27%	12	25%
Note: Columns may not sum to 100% due to rounding.								

4.6.4 Sewing up a cut that needs stitches

Respondents from the Winkler clinic expressed more certainty their clinic offers the service of sewing up a cut that needs stitches (85% in pre-intervention survey and 76% in post-intervention survey) compared to the other three clinics where about half in both the pre- and post-intervention surveys thought that these services were *definitely* or *probably* available (see Tables 63 and 64). No substantive changes appear over time.

Table 63: Availability of the service of sewing up a cut that needs stitches at family doctor's office – Assiniboine and Morden

	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	27	27%	25	25%	26	41%	24	38%
Probably	31	30%	28	28%	8	13%	12	19%
Probably not	14	14%	15	15%	7	11%	9	14%
Definitely not	2	2%	7	7%	4	6%	4	6%
Not sure/don't remember/no response	28	28%	27	27%	19	30%	15	23%
Note: Columns may not sum to 100% due to rounding.								

Table 64: Availability of the service of sewing up a cut that needs stitches at family doctor's office – Winkler and Steinbach

	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	50	58%	43	50%	15	31%	5	10%
Probably	23	27%	22	26%	11	23%	19	40%
Probably not	3	4%	5	6%	5	10%	9	19%
Definitely not	2	2%	3	4%	6	13%	8	17%
Not sure/don't remember/no response	8	9%	13	15%	11	23%	7	15%
Note: Columns may not sum to 100% due to rounding.								

4.7 Services received at the clinic

4.7.1 Advice on nutrition

Respondents at all four clinics were quite confident (over 80%) that they would *definitely* or *probably* receive advice from their family doctor on the topic of healthy and unhealthy foods. Little difference occurred among any of the clinics across the two time periods (see Table 65 and 66).

Table 65: Received advice about nutrition – Assiniboine and Morden

Advice about healthy foods and unhealthy foods	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	52	51%	50	49%	26	41%	32	50%
Probably	31	30%	40	39%	26	41%	23	36%
Probably not	6	6%	5	5%	6	9%	4	6%
Definitely not	3	3%	4	4%	3	5%	2	3%
Not sure/don't remember/no response	10	10%	3	3%	3	5%	3	5%
Note: Columns may not sum to 100% due to rounding.								

Table 66: Received advice about nutrition – Winkler and Steinbach								
Advice about healthy foods and unhealthy foods	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	40	47%	47	55%	21	44%	17	35%
Probably	32	37%	28	33%	19	40%	22	46%
Probably not	11	13%	4	5%	3	6%	3	6%
Definitely not	1	1%	2	2%	1	2%	1	2%
Not sure/don't remember/no response	2	2%	5	6%	4	8%	5	10%
Note: Columns may not sum to 100% due to rounding.								

4.7.2 Advice on safety issues

As shown in Tables 67 and 68, Winkler clinic respondents gave the most positive response for *definitely* or *probably* receiving advice from their family doctor on seatbelt and child safety seat use (60% in the pre-intervention survey and 63% in the post-intervention survey). The change in pre- and post-intervention surveys were somewhat more marked for Morden respondents where 39% in the pre-intervention survey and 58% in post-intervention survey replied that they would *definitely* or *probably* receive advice on safety issues.[21]

Table 67: Receive advice on seatbelt use or child safety seats – Assiniboine and Morden								
Advice on seatbelt use or child safety seats	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	13	13%	14	14%	9	14%	14	22%
Probably	32	31%	26	26%	16	25%	23	36%
Probably not	9	9%	19	19%	6	9%	6	9%
Definitely not	8	8%	11	11%	10	16%	5	8%
Not sure/don't remember/no response	40	39%	32	31%	23	36%	16	25%
Note: Columns may not sum to 100% due to rounding.								

Table 68: Receive advice on seatbelt use or child safety seats – Winkler and Steinbach								
Advice on seatbelt use or child safety seats	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	22	26%	24	28%	5	10%	2	4%
Probably	29	34%	30	35%	20	42%	20	42%
Probably not	11	13%	10	12%	9	19%	5	10%
Definitely not	3	4%	5	6%	2	4%	3	6%
Not sure/don't remember/no response	21	24%	17	20%	12	25%	18	38%
Note: Columns may not sum to 100% due to rounding.								

[21] Across the four clinics, a high proportion of respondents (between 20% and 39%) were not sure or don't remember if they had received advice or did not provide a response to this question on both the pre- and post-intervention surveys.

Similar to advice on seatbelt use and child safety seats, Winkler clinic respondents are somewhat more certain that their family doctor would give them advice on home safety, such as getting and checking smoke detectors and storing medicines safely. In the post-intervention survey, Morden clinic respondents showed the most change (23% increasing to 44%) in thinking that they *definitely* or *probably* would receive advice on this topic (see Tables 69 and 70).[22]

Table 69: Receive advice on home safety, like getting and checking smoke detectors and storing medicines safely – Assiniboine and Morden

Home safety, like getting and checking smoke detectors and storing medicines safely	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	5	5%	6	6%	4	6%	8	13%
Probably	30	29%	27	27%	11	17%	20	31%
Probably not	24	24%	24	24%	15	23%	9	14%
Definitely not	10	10%	14	14%	14	22%	4	6%
Not sure/don't remember/no response	33	32%	31	30%	20	31%	23	36%
Note: Columns may not sum to 100% due to rounding.								

Table 70: Receive advice on home safety, like getting and checking smoke detectors and storing medicines safely – Winkler and Steinbach

Home safety, like getting and checking smoke detectors and storing medicines safely	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	11	13%	19	22%	4	8%	1	2%
Probably	26	30%	24	28%	12	25%	13	27%
Probably not	21	24%	17	20%	12	25%	12	25%
Definitely not	6	7%	8	9%	7	15%	7	15%
Not sure/don't remember/no response	22	26%	18	21%	13	27%	15	31%

Variation exists in respondents' perception about whether they would receive advice on harmful substances at home, at work, or in the neighbourhood. Winkler respondents offered the highest proportion responding *definitely* or *probably* (58% to 61%), followed by Morden (43% to 50%). Changes from the pre-intervention to post-intervention survey are small (see Tables 71 and 72).[23]

Table 71: Receive advice on possible exposures to harmful substances in home, at work, or in the neighbourhood – Assiniboine and Morden

Possible exposures to harmful substances in your home, at work, or in your neighbourhood	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	10	10%	7	7%	8	13%	11	17%
Probably	39	38%	39	38%	13	20%	21	33%
Probably not	17	17%	24	24%	14	22%	11	17%
Definitely not	7	7%	7	7%	10	16%	3	5%
Not sure/don't remember/no response	29	28%	25	25%	19	30%	18	28%
Note: Columns may not sum to 100% due to rounding.								

[22] Across the four clinics, a high proportion of respondents (between 26% and 35%) were not sure whether they would receive advice or could not respond to this question on both the pre- and post-intervention surveys.

[23] Across the four clinics, a high proportion of respondents were not sure whether they would receive advice or could not respond to this question on both the pre- and post-intervention surveys.

Table 72: Receive advice on possible exposures to harmful substances in home, at work, or in the neighbourhood – Winkler and Steinbach								
Possible exposures to harmful substances in your home, at work, or in your neighbourhood	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	11	13%	14	16%	4	8%	2	4%
Probably	39	45%	39	45%	15	31%	19	40%
Probably not	16	19%	9	11%	12	25%	8	17%
Definitely not	3	4%	7	8%	6	13%	6	13%
Not sure/don't remember/no response	17	20%	17	20%	11	23%	13	27%
Note: Columns may not sum to 100% due to rounding.								

Only those 65 years old or older were asked whether their family doctors discussed how to prevent hot water burns and how to prevent falls (see Tables 73 and 74). Sample sizes are very small and cannot support any conclusions about difference among the clinics or over time.

Table 73: Receive safety advice specifically for people 65 years old or older – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre-intervention survey (n=42)		Post-intervention survey (n=44)		Pre-intervention survey (n=14)		Post-intervention survey (n=14)	
	n	%	n	%	n	%	n	%
How to prevent hot water burns								
Definitely	1	2%	1	2%	-	-	2	14%
Probably	20	48%	25	57%	2	14%	4	29%
Probably not	5	12%	8	18%	1	7%	1	7%
Definitely not	3	7%	4	9%	3	21%	-	-
Not sure/don't remember/no response	13	31%	6	14%	8	57%	7	50%
How to prevent falls								
Definitely	4	10%	5	11%	1	7%	2	14%
Probably	20	48%	24	55%	4	29%	4	29%
Probably not	5	12%	6	14%	1	7%	1	7%
Definitely not	3	7%	4	9%	3	21%	-	-
Not sure/don't remember/no response	10	24%	5	11%	5	36%	7	50%
Note: Columns may not sum to 100% due to rounding.								

Table 74: Receive safety advice specifically for people 65 years old or older – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre-intervention survey (n=13)		Post-intervention survey (n=16)		Pre-intervention survey (n=6)		Post-intervention survey (n=7)	
	n	%	n	%	n	%	n	%
How to prevent hot water burns								
Definitely	3	23%	2	13%	1	17%	1	14%
Probably	4	31%	6	38%	2	33%	2	29%
Probably not	1	8%	-	-	1	17%	-	-
Definitely not	1	8%	1	6%	2	33%	-	-
Not sure/don't remember/no response	4	31%	7	44%	-	-	4	57%
How to prevent falls								
Definitely	4	31%	2	13%	1	17%	1	14%
Probably	5	39%	7	44%	2	33%	2	29%
Probably not	1	8%	-	-	1	17%	-	-
Definitely not	1	8%	1	6%	2	33%	-	-
Not sure/don't remember/no response	2	15%	6	38%	-	-	4	57%
Note: Columns may not sum to 100% due to rounding.								

4.7.3 Discussion on conflict management

Respondents from the Winkler clinic were more likely to report that their family doctor *definitely* or *probably*) discussed ways to handle family conflicts (52% in the pre-intervention survey and 58% in the post-intervention survey), which is somewhat higher than the other clinics. Responses for Morden showed a somewhat more positive change between time periods, moving from 34% in the pre-intervention survey to 47% in the post-intervention survey, while responses from other clinics remained relatively stable (see Tables 75 and 76). The sample sizes are small, and these changes are really quite marginal.

Table 75: Discussed ways to handle family conflicts that may arise from time to time – Assiniboine and Morden

Ways to handle family conflicts that may arise from time to time	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	13	13%	10	10%	7	11%	13	20%
Probably	34	33%	32	31%	15	23%	17	27%
Probably not	17	17%	16	16%	16	25%	11	17%
Definitely not	8	8%	13	13%	9	14%	5	8%
Not sure/don't remember/no response	30	29%	31	30%	17	27%	18	28%

Table 76: Discussed ways to handle family conflicts that may arise from time to time – Winkler and Steinbach

Ways to handle family conflicts that may arise from time to time	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	14	16%	15	17%	5	10%	2	4%
Probably	31	36%	35	41%	13	27%	17	35%
Probably not	17	20%	9	11%	9	19%	8	17%
Definitely not	2	2%	8	9%	4	8%	7	15%
Not sure/don't remember/no response	22	26%	19	22%	17	35%	14	29%
Note: Columns may not sum to 100% due to rounding.								

4.7.4 Advice on exercise

Most respondents (80% or more) at all clinics and on both surveys report receiving advice on exercise (see Tables 77 and 78).

Table 77: Received advice about appropriate exercise – Assiniboine and Morden

Advice about appropriate exercise for you	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	51	50%	45	44%	22	34%	30	47%
Probably	37	36%	41	40%	25	39%	24	38%
Probably not	5	5%	6	6%	8	13%	3	5%
Definitely not	3	3%	3	3%	4	6%	1	2%
Not sure/don't remember/no response	6	6%	7	7%	5	8%	6	9%
Note: Columns may not sum to 100% due to rounding.								

Table 78: Advice about appropriate exercise – Winkler and Steinbach								
Advice about appropriate exercise for you	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	42	49%	40	47%	21	44%	21	44%
Probably	30	35%	32	37%	24	50%	22	46%
Probably not	10	12%	3	4%	2	4%	2	4%
Definitely not	1	1%	3	4%	-	-	-	-
Not sure/don't remember/no response	3	4%	8	9%	1	2%	3	6%
Note: Columns may not sum to 100% due to rounding.								

4.7.5 Advice and discussion about medical issues

Nearly all respondents in the four clinics were confident that their family doctor would *definitely* or *probably* test for cholesterol levels in the blood; in fact, 99% of respondents (both in the pre-intervention and post-intervention surveys) from the Assiniboine clinic stated this. There appears to be little difference across time periods in all four clinics (see Tables 79 and 80).

Table 79: Received tests for cholesterol levels in blood – Assiniboine and Morden								
Tests for cholesterol levels in your blood	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	95	93%	95	93%	52	81%	52	81%
Probably	6	6%	6	6%	8	13%	8	13%
Probably not	-	-	-	-	2	3%	1	2%
Definitely not	-	-	-	-	-	-	-	-
Not sure/don't remember/no response	1	1%	1	1%	2	3%	3	5%
Note: Columns may not sum to 100% due to rounding.								

Table 80: Received tests for cholesterol levels in blood – Winkler and Steinbach								
Tests for cholesterol levels in your blood	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	62	72%	68	79%	40	83%	36	75%
Probably	22	26%	10	12%	6	13%	10	21%
Probably not	1	1%	2	2%	1	2%	-	-
Definitely not	-	-	1	1%	-	-	-	-
Not sure/don't remember/no response	1	1%	5	6%	1	2%	2	4%

Similar to tests for cholesterol levels in blood, nearly all respondents in the four clinics said that their family doctors would *definitely* or *probably* check on and discuss their medications with them. Pre-intervention and post-intervention survey results are similar in all of the clinics (see Tables 81 and 82, next page).

Table 81: Checked on and discussed current medications – Assiniboine and Morden								
Checking on and discussing the medications you are taking	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	93	91%	92	90%	57	89%	53	83%
Probably	7	7%	8	8%	6	9%	8	13%
Probably not	-	-	1	1%	1	2%	1	2%
Definitely not	1	1%	-	-	-	-	1	2%
Not sure/don't remember/no response	1	1%	1	1%	-	-	1	2%
Note: Columns may not sum to 100% due to rounding.								

Table 82: Checking on and discussing the medications – Winkler and Steinbach								
Checking on and discussing the medications you are taking	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	73	85%	68	79%	41	85%	34	71%
Probably	11	13%	9	11%	6	13%	12	25%
Probably not	1	1%	2	2%	1	2%	-	-
Definitely not	-	-	1	1%	-	-	-	-
Not sure/don't remember/no response	1	1%	6	7%	-	-	2	4%

Only females were asked about whether they discussed with their doctor how to prevent osteoporosis and fragile bones and how care for common menstrual or menopause problems. Across the four clinics, there are small sample sizes; therefore, the following results must be viewed with caution. Results among the clinics were very similar, with 84% to 88% of female respondents reporting that their family doctor *definitely* or *probably* discussed how to prevent osteoporosis or fragile bones with them. Little difference occurs in the pre- and post-intervention surveys (see Tables 83 and 84).

As seen in the same tables, over 80% of respondents were most likely to say that their family doctor *definitely* or *probably* discussed care for common menstrual or menopause problems with them. Little difference exists across time periods.

Table 83: Discussed female-specific topics with family doctor – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre-intervention survey (n=60)		Post-intervention survey (n=62)		Pre-intervention survey (n=49)		Post-intervention survey (n=52)	
	n	%	n	%	n	%	n	%
How to prevent osteoporosis or fragile bones								
Definitely	36	60%	40	65%	29	59%	29	56%
Probably	16	27%	14	23%	14	29%	16	31%
Probably not	2	3%	3	5%	2	4%	2	4%
Definitely not	4	7%	2	3%	1	2%	1	2%
Not sure/don't remember/no response	2	3%	3	5%	3	6%	4	8%
Care for common menstrual or menopause problems								
Definitely	34	57%	34	55%	30	61%	31	60%
Probably	14	23%	18	29%	9	18%	11	21%
Probably not	-	-	2	3%	2	4%	2	4%
Definitely not	3	5%	4	7%	2	4%	1	2%
Not sure/don't remember/no response	9	15%	4	7%	6	12%	7	14%
Note: Columns may not sum to 100% due to rounding.								

Table 84: Discussed female-specific topics with family doctor – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre-intervention survey (n=67)		Post-intervention survey (n=67)		Pre-intervention survey (n=36)		Post-intervention survey (n=37)	
	n	%	n	%	n	%	n	%
How to prevent osteoporosis or fragile bones								
Definitely	30	45%	37	55%	18	50%	16	43%
Probably	28	42%	20	30%	13	36%	15	41%
Probably not	4	6%	1	2%	1	3%	1	3%
Definitely not	1	2%	4	6%	-	-	1	3%
Not sure/don't remember/no response	4	6%	5	8%	4	11%	4	11%
Care for common menstrual or menopause problems								
Definitely	40	60%	43	64%	19	53%	15	41%
Probably	21	31%	17	25%	15	42%	15	41%
Probably not	3	5%	-	-	1	3%	2	5%
Definitely not	1	2%	2	3%	-	-	1	3%
Not sure/don't remember/no response	2	3%	5	8%	1	3%	4	11%
Note: Columns may not sum to 100% due to rounding.								

4.8 Family centeredness at the clinic

Most respondents see their clinics as family-centered, although Winkler clinic respondents tend to be slightly more positive, and Steinbach respondents slightly less positive on this issue. Looking at only those who say *definitely,* Assiniboine and Winkler show the largest change between pre- and post-intervention surveys (see Tables 85 and 86).

Table 85: Ask about ideas and opinions when planning treatment and care for you or family members – Assiniboine and Morden								
Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family members?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	44	43%	56	55%	34	53%	31	48%
Probably	33	32%	25	25%	15	23%	17	27%
Probably not	8	8%	7	7%	5	8%	6	9%
Definitely not	5	5%	8	8%	3	5%	3	5%
Not sure/don't remember/no response	12	12%	6	6%	7	11%	7	11%
Note: Columns may not sum to 100% due to rounding.								

Table 86: Ask about ideas and opinions when planning treatment and care for you or family members – Winkler and Steinbach								
Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family members?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	35	41%	48	56%	18	38%	15	31%
Probably	33	38%	23	27%	13	27%	22	46%
Probably not	8	9%	6	7%	6	13%	6	13%
Definitely not	2	2%	2	2%	3	6%	2	4%
Not sure/don't remember/no response	8	9%	7	8%	8	17%	3	6%
Note: Columns may not sum to 100% due to rounding.								

The majority of respondents across the four clinics indicated that their family doctor *definitely* or *probably* asks questions regarding illnesses or problems that may run in their family, with Assiniboine clinic respondents being the most positive (95% in pre-intervention survey and 94% in post-intervention survey). Responses on the pre- and post-intervention surveys are similar across the clinics (see Tables 87 and 88).

Table 87: Family medical history – Assiniboine and Morden

Has your family doctor asked about illness or problems that might run in your family?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	89	87%	84	82%	50	78%	46	72%
Probably	8	8%	12	12%	8	13%	11	17%
Probably not	3	3%	1	1%	1	2%	4	6%
Definitely not	-	-	3	3%	2	3%	1	2%
Not sure/don't remember/no response	2	2%	2	2%	3	5%	2	3%
Note: Columns may not sum to 100% due to rounding.								

Table 88: Has your family doctor asked about illness or problems that might run in your family? – Winkler and Steinbach

Has your family doctor asked about illness or problems that might run in your family?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	62	72%	69	80%	35	73%	31	65%
Probably	13	15%	11	13%	8	17%	12	25%
Probably not	4	5%	2	2%	-	-	3	6%
Definitely not	1	1%	-	-	1	2%	-	-
Not sure/don't remember/no response	6	7%	4	5%	4	8%	2	4%

4.9 Community orientation at the clinic

As shown in Tables 89 and 90, it is clear that doctors from any of these clinics are not likely to make home visits, though responses from Winkler suggest there may be exceptions (25% in the pre-intervention survey and 29% in post-intervention survey). Also note that between 21% and 44% of the respondents (across the four clinics) in the pre- and post-intervention surveys were not sure if someone from their clinic would make a home visit or did not provide a response to this question.

Table 89: Staff at clinic make home visits – Assiniboine and Morden

Does anyone in this clinic ever make home visits?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	1	1%	2	2%	3	5%	4	6%
Probably	4	4%	2	2%	2	3%	3	5%
Probably not	33	32%	27	27%	17	27%	14	22%
Definitely not	25	25%	26	26%	9	14%	16	25%
Not sure/don't remember/no response	39	38%	45	44%	33	52%	27	42%
Note: Columns may not sum to 100% due to rounding.								

Table 90: Staff at clinic make home visits – Winkler and Steinbach								
Does anyone in this clinic ever make home visits?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	12	14%	14	16%	2	4%	1	2%
Probably	9	11%	11	13%	2	4%	6	13%
Probably not	20	23%	20	23%	15	31%	8	17%
Definitely not	17	20%	15	17%	15	31%	23	48%
Not sure/don't remember/no response	28	33%	26	30%	14	29%	10	21%
Note: Columns may not sum to 100% due to rounding.								

Winkler clinic respondents were most likely to think that their doctors know what health problems are important in their community (68% in the pre-intervention survey and 75% in the post-intervention survey). Post-intervention survey results dropped slightly from the pre-intervention survey in the other three clinics (see Tables 91 and 92), although the largest drop was in Steinbach (from 58% down to 39%).

Table 91: Knowledge of health problems in neighbourhood – Assiniboine and Morden								
Do you think your family doctor knows about the important health problems of your neighbourhood?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	19	19%	16	16%	14	22%	18	28%
Probably	46	45%	40	39%	26	41%	18	28%
Probably not	11	11%	16	16%	6	9%	9	14%
Definitely not	1	1%	2	2%	2	3%	5	8%
Not sure/don't remember/no response	25	25%	28	28%	16	25%	14	22%
Note: Columns may not sum to 100% due to rounding.								

Table 92: Knowledge of health problems in neighbourhood – Winkler and Steinbach								
Do you think your family doctor knows about the important health problems of your neighbourhood?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	24	28%	23	27%	6	13%	3	6%
Probably	34	40%	41	48%	21	44%	16	33%
Probably not	12	14%	6	7%	8	17%	9	19%
Definitely not	1	1%	3	4%	2	4%	6	13%
Not sure/don't remember/no response	15	17%	13	15%	11	23%	14	29%
Note: Columns may not sum to 100% due to rounding.								

Few respondents at any of the clinics are aware if their family doctors do patient surveys to assess if they are meeting patients' needs. Between 44% and 64% of respondents (across the four clinics) in the pre- and post-intervention surveys were not sure or did not respond to this question. That said, in the post-intervention survey, respondents at Winkler clinic were somewhat more inclined to think that the doctors *definitely* or *probably* do patient surveys than in the pre-intervention survey (19% in the pre-intervention and 31% in the post-intervention survey) (see Tables 93 and 94, next page). Similarly, respondents are also unaware of whether doctors ask family members to be on Boards of Directors or advisory committees. Between 52% and 70% of respondents across the four clinics were not sure or did not respond to this question.

Table 93: How does your family doctor get opinions and ideas from people that will help to provide better health care? – Assiniboine and Morden								
	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Does s/he do surveys of patients to see if the services are meeting people's needs?								
Definitely	11	11%	11	11%	5	8%	4	6%
Probably	16	16%	14	14%	7	11%	6	9%
Probably not	19	19%	13	13%	9	14%	9	14%
Definitely not	7	7%	10	10%	3	5%	4	6%
Not sure/don't remember/no response	49	48%	54	53%	40	63%	41	64%
Does s/he ask family members to be on the Board of Directors or advisory committee?								
Definitely	-	-	-	-	-	-	1	2%
Probably	6	6%	4	4%	6	9%	3	5%
Probably not	19	19%	16	16%	8	13%	11	17%
Definitely not	11	11%	19	19%	5	8%	7	11%
Not sure/don't remember/no response	66	65%	63	62%	45	70%	42	66%
Note: Columns may not sum to 100% due to rounding.								

Table 94: How does your family doctor get opinions and ideas from people that will help to provide better health care? – Winkler and Steinbach								
	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Does s/he do surveys of patients to see if the services are meeting people's needs?								
Definitely	3	4%	10	12%	4	8%	8	17%
Probably	13	15%	16	19%	10	21%	6	13%
Probably not	19	22%	11	13%	7	15%	8	17%
Definitely not	8	9%	3	4%	2	4%	5	10%
Not sure/don't remember/no response	43	50%	46	54%	25	52%	21	44%
Does s/he ask family members to be on the Board of Directors or advisory committee?								
Definitely	-	-	1	1%	-	-	1	2%
Probably	8	9%	8	9%	3	6%	3	6%
Probably not	18	21%	18	21%	7	15%	11	23%
Definitely not	7	8%	6	7%	8	17%	8	17%
Not sure/don't remember/no response	53	62%	53	62%	30	63%	25	52%
Note: Columns may not sum to 100% due to rounding.								

4.10 Cultural competency

Both pre-intervention and post-intervention survey results show that nearly all respondents, regardless of which clinic they attend, would recommend their doctor to a friend or relative (see Tables 95 and 96, next page). Results in Steinbach dropped from 98% in the pre-intervention survey to 88% in the post-intervention survey when respondents said they *definitely* or *probably* would recommend their physician; however, when you look at only *definitely*, the drop is greater (from 85% down to 63%).

Table 95: Recommendation of family doctor – Assiniboine and Morden

Would you recommend your family doctor to a friend or relative?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	90	88%	84	82%	51	80%	48	75%
Probably	11	11%	13	13%	9	14%	12	19%
Probably not	-	-	4	4%	1	2%	1	2%
Definitely not	-	-	-	-	1	2%	1	2%
Not sure/don't remember/no response	1	1%	1	1%	2	3%	2	3%
Note: Columns may not sum to 100% due to rounding.								

Table 96: Recommendation of family doctor – Winkler and Steinbach

Would you recommend your family doctor to a friend or relative?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	69	80%	68	79%	41	85%	30	63%
Probably	12	14%	11	13%	6	13%	12	25%
Probably not	2	2%	2	2%	1	2%	4	8%
Definitely not	2	2%	3	4%	-	-	-	-
Not sure/don't remember/no response	1	1%	2	2%	-	-	2	4%
Note: Columns may not sum to 100% due to rounding.								

Assiniboine clinic respondents were the most likely in both the pre- and post-intervention surveys to say they would *definitely* or *probably* recommend their physician to someone who does not speak English well (77% pre-intervention survey and 79% post-intervention survey). Steinbach clinic dropped from the pre-intervention survey (75%) to the post-intervention survey (61%) with respondents being less inclined to say they would recommend their doctor to this population. However, the samples are small and the decrease translates to seven patients in the two response categories (see Tables 97 and 98).

Table 97: Recommendation of doctor to someone who does not speak English well – Assiniboine and Morden

Would you recommend your family physician to someone who does not speak English well?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	44	43%	39	38%	26	41%	28	44%
Probably	35	34%	42	41%	17	27%	16	25%
Probably not	6	6%	12	12%	7	11%	9	14%
Definitely not	4	4%	-	-	3	5%	3	5%
Not sure/don't remember/no response	13	13%	9	9%	11	17%	8	13%
Note: Columns may not sum to 100% due to rounding.								

Table 98: Recommendation of doctor to someone who does not speak English well – Winkler and Steinbach

Would you recommend your family physician to someone who does not speak English well?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	24	28%	26	30%	20	42%	18	38%
Probably	39	45%	32	37%	16	33%	11	23%
Probably not	17	20%	18	21%	3	6%	11	23%
Definitely not	4	5%	3	4%	2	4%	2	4%
Not sure/don't remember/no response	2	2%	7	8%	7	15%	6	13%
Note: Columns may not sum to 100% due to rounding.								

About two-thirds of respondents at all clinics say that they would *definitely* or *probably* recommend their doctor to someone who uses folk medicine or has special beliefs about health care (see Tables 99 and 100). When comparing the pre- and post-intervention surveys, Steinbach clinic respondents were less likely to recommend their physician in the post-intervention survey (60%) than the pre-intervention survey (75%).[24]

Table 99: Recommendation of doctor to someone who uses folk medicine or has special beliefs about health care – Assiniboine and Morden

Would you recommend you family doctor to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	Assiniboine (n=102)				Morden (n=64)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	35	34%	28	28%	26	41%	22	34%
Probably	34	33%	39	38%	15	23%	21	33%
Probably not	12	12%	20	20%	10	16%	8	13%
Definitely not	5	5%	2	2%	2	3%	3	5%
Not sure/don't remember/no response	16	16%	13	13%	11	17%	10	16%
Note: Columns may not sum to 100% due to rounding.								

Table 100: Recommendation of doctor to someone who uses folk medicine or has special beliefs about health care – Winkler and Steinbach

Would you recommend you family doctor to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	Winkler (n=86)				Steinbach (n=48)			
	Pre-intervention survey		Post-intervention survey		Pre-intervention survey		Post-intervention survey	
	n	%	n	%	n	%	n	%
Definitely	27	31%	22	26%	16	33%	13	27%
Probably	29	34%	35	41%	20	42%	16	33%
Probably not	12	14%	16	19%	3	6%	11	23%
Definitely not	9	11%	4	5%	1	2%	1	2%
Not sure/don't remember/no response	9	11%	9	11%	8	17%	7	15%
Note: Columns may not sum to 100% due to rounding.								

[24] Steinbach's small sample size tends to skew the percentages upward.

5.0 Summary of the PIN Patient Survey

Below is a summary of key findings showing statistical significance of .05 or less:

- Among the matched sample, access to services decreased at the Assiniboine and Steinbach clinics on the post-intervention survey. Overall results show a similar trend. Among the unmatched sample, access to services increased at the Assiniboine and Winkler clinics and decreased at the Steinbach clinic on the post-intervention survey. Overall results also increase on the post-intervention survey.

- Among the unmatched sample, ongoing care at the clinic increased at the Assiniboine and Steinbach clinics on the post-intervention survey.

- In the post-intervention survey, use and coordination of specialists and special services increased within the matched sample at the Winkler clinic and decreased within the unmatched sample at the Steinbach clinic.

- Among the unmatched sample, the overall mean score for services available at the clinics decreased in the post-intervention survey.

- In the post-intervention survey, services received at the clinic increased at the Morden clinic in the matched sample.

- In the post-intervention survey, family centeredness increased at Winkler clinic in the matched sample. The overall mean score for family centeredness also increased in the unmatched sample.

- Among the matched and unmatched sample, community orientation increased at the Winkler clinic in the post-intervention survey.

- Within the matched and unmatched samples, cultural competency decreased at Steinbach clinic in the post-intervention survey.

Annex 1

Questionnaire

UNIVERSITY
OF MANITOBA

Faculty of Medicine _____
Department of Family Medicine

Thank you for agreeing to fill out this survey. Please be reminded that you filled out this exact same survey approximately one year ago, and that this current survey will be used as part of the same study.

PATIENT SURVEY

The following questionnaire is about the care you receive from your Family Doctor in this clinic.

Please note that the response options on the scale range from "definitely" on the left side, to "definitely not" on the right side. You may also answer "not sure/don't remember".

Your "Family Doctor": Extent of affiliation with a place/doctor

1.0 Do you usually come to THIS clinic when you are sick or need advice about your health?

- [1] No
- [2] Yes

2.0 Does the doctor/doctors in THIS clinic know you relatively well? i.e., would they know you by name and face?

- [1] No
- [2] Yes

3.0 Is THIS clinic the most responsible for your health care? i.e., follow-ups, maintains your chart etc.

- [1] No
- [2] Yes

Instructions:

- If you answered YES to ANY of the three questions please complete the rest of the survey keeping this doctor and clinic setting in mind.
- If you answered NO to ALL three questions, please do not go any further and kindly return this survey to the front desk. Thank-you for your time.

For the following questions we will call this doctor or place your **Family Doctor**.

FIRST CONTACT – UTILIZATION

4.0	Please check the **one** best answer.	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
4-1.	When you need a regular general checkup, do you come see a doctor in this clinic?	4□	3□	2□	1□	9□
4-2.	When you have a new health problem, do you come to this clinic before going elsewhere?	4□	3□	2□	1□	9□
4-3.	When you have to see a specialist, does your family doctor need to refer you?	4□	3□	2□	1□	9□

FIRST CONTACT – ACCESS

Please check the **one** best answer.		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
4-4.	When your doctor's clinic is *open* and you get sick, can you get an appointment on the same day with your (or any) doctor in this clinic?	4□	3□	2□	1□	9□
4-5.	When your doctor's clinic is *open*, can you get advice quickly over the phone from your doctor (or any other) in this clinic if you need it?	4□	3□	2□	1□	9□
4-6.	When your doctor's clinic is *closed*, is there a phone number you can call when you get sick?	4□	3□	2□	1□	9□
4-7.	When your doctor's clinic is *closed* and you get sick *during the night*, can someone from the clinic see you that night?	4□	3□	2□	1□	9□

ONGOING CARE

Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
4-8.	When you come to the clinic, are you taken care of by the *same* doctor each time?	4□	3□	2□	1□	9□
4-9.	If you have a question, can you call and talk to *the doctor who knows you best*?	4□	3□	2□	1□	9□
4-10.	Does your family doctor know you very well as a *person*, rather than as someone with a medical problem?	4□	3□	2□	1□	9□
4-11.	Does your family doctor know what problems are most important to you?	4□	3□	2□	1□	9□

COORDINATION

5.0 Have you ever had a visit to any kind of specialist or special service?

- □ Yes –please answer the questions below.
- □ No (**Skip to question 6.0**.)
- □ Not sure/don't remember (**Skip to question 6.0**.)

Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
a.	Did your family doctor discuss with you the different places you could have gone to get help with that problem?	4□	3□	2□	1□	9□
b.	Did someone in the clinic help you make the appointment for that visit?	4□	3□	2□	1□	9□
c.	Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?	4□	3□	2□	1□	9□
d.	After you went to the specialist or special service, did your family doctor talk with you about what happened at that visit?	4□	3□	2□	1□	9□

COMPREHENSIVENESS (SERVICES AVAILABLE)

6.0 Please check the **one** best answer.	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
Following is a list of services that you or your family might need at some time. For each one, please check if it is available at your family doctor's office.					
6.1 Immunizations (shots)	4□	3□	2□	1□	9□
6.2 Family planning or birth control methods	4□	3□	2□	1□	9□
6.3 Counseling for mental health problems	4□	3□	2□	1□	9□
6.4 Sewing up a cut that needs stitches	4□	3□	2□	1□	9□

SERVICES RECEIVED

The next questions are about different types of health care services you may receive from your family doctor. Please check the **one** best answer.		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
7.0						
1.	Advice about healthy foods and unhealthy foods	4□	3□	2□	1□	9□
2.	Advice on seat-belt use or child safety seats	4□	3□	2□	1□	9□
3.	Home safety, like getting and checking smoke detectors and storing medicines safely	4□	3□	2□	1□	9□
4.	Ways to handle family conflicts that may arise from time to time	4□	3□	2□	1□	9□
5.	Advice about appropriate exercise for you	4□	3□	2□	1□	9□
6.	Tests for cholesterol levels in your blood	4□	3□	2□	1□	9□
7.	Checking on and discussing the medications you are taking	4□	3□	2□	1□	9□
8.	Exposures to harmful substances in your home, at work, or in your neighborhood	4□	3□	2□	1□	9□
9.	**For females**: how to prevent osteoporosis or fragile bones	4□	3□	2□	1□	9□
10.	**For females**: care for common menstrual or menopause problems	4□	3□	2□	1□	9□
11.	**For over age 65**: how to prevent hot water burns	4□	3□	2□	1□	9□
12.	**For over age 65**: how to prevent falls	4□	3□	2□	1□	9□

FAMILY CENTEREDNESS

These next few questions are about the relationship between your doctor and your family or the community.

8.0 Please check the **one** best answer.	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
8.1 Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family member?	4□	3□	2□	1□	9□
8.2 Has your family doctor asked about illness or problems that might run in your family?	4□	3□	2□	1□	9□

COMMUNITY ORIENTATION

9.0 Please check the **one** best answer.	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
9.1 Does anyone in this clinic ever make home visits?	4□	3□	2□	1□	9□
9.2 Do you think your family doctor knows about the important health problems of your neighborhood	4□	3□	2□	1□	9□
9.3 How does your family doctor get opinions and ideas from people that will help to provide better health care? Does s/he					
a. Do surveys of patients to see if the services are meeting peoples needs	4□	3□	2□	1□	9□
b. Ask family members to be on the Board of Directors or advisory committee?	4□	3□	2□	1□	9□

CULTURALLY COMPETENT

10.0 Please check the **one** best answer.	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
10.1 Would you recommend your family doctor to a friend or relative?	4□	3□	2□	1□	9□
10.2 Would you recommend your family doctor to someone who does not speak English well?	4□	3□	2□	1□	9□
10.3 Would you recommend your family doctor to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	4□	3□	2□	1□	9□

HEALTH ASSESSMENT

11.0 Please check the **one** best answer.

11.1 Would you say your health is:

1. □ Excellent 2. □ Very good 3. □ Good 4. □ Fair 5. □ Poor

11.2 Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?

1. □ Yes 2. □ No 9. □ Not sure/don't remember

DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS OF RESPONDENTS

12.0 These are questions about you and your family.

How long have you been a patient with this doctor? _____

12.1 Are you 1. □ Male 2. □ Female
12.2 What is your age in years? _____
12.3 What is your home postal code? _____

12.4 Are you:
1. □ Employed full-time
2. □ Employed part-time
3. □ Not employed
4. □ Retired/in school
5. □ Other (Specify.) _____

12.5 What is the highest grade in school that you finished?
1. □ Did not finish high school
2. □ Got a high school diploma or Graduate Equivalency Diploma (GED)
3. □ Had some college or vocational school
4. □ Finished college or graduate school

12.6 This is the last question. Which of the following most closely describes the yearly income level for your household?
0. □ Under $5,000
1. □ $5,000 -9,999
2. □ $10,000 -14,999
3. □ $15,000-24,999
4. □ $25,000-34,999
5. □ $35,000-49,999
6. □ $50,000-64,999
7. □ $65,000-79,999
8. □ $80,000 or more
9. □ not sure/don't remember/prefer not to answer

END.

Annex 2

Unmatched Sample Detailed Results

Table 101: Demographic profile of respondents – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Age								
Under 18	-	-	3	1%	3	1%	2	1%
18 to 29	19	6%	33	9%	33	13%	44	15%
30 to 44	48	15%	65	17%	68	26%	81	28%
45 to 64	134	41%	149	40%	97	37%	99	34%
65 or older	98	30%	120	32%	48	18%	57	20%
No response	30	9%	4	1%	13	5%	10	3%
Average age	55.7 years old		54.3 years old		48.6 years old		48.2 years old	
Gender								
Male	100	30%	147	39%	58	22%	218	74%
Female	170	52%	224	60%	196	75%	67	23%
No response	59	18%	3	1%	8	3%	8	3%
Annual household income								
Under $15,000	12	4%	7	2%	19	7%	5	2%
$15,000 to $34,999	37	11%	33	9%	53	20%	38	13%
$35,000 to $49,999	39	12%	34	9%	38	15%	34	12%
$50,000 to $79,999	60	18%	105	28%	46	18%	64	22%
$80,000 or more	65	19%	39	10%	28	11%	14	5%
Not sure/don't remember/no response	119	36%	156	42%	78	30%	138	47%
Note: Columns may not sum to 100% due to rounding.								

Table 102: Demographic profile of respondents - Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Age								
Under 18	3	1%	4	2%	2	1%	1	<1%
18 to 29	93	28%	58	22%	40	18%	72	25%
30 to 44	117	35%	79	30%	59	26%	95	33%
45 to 64	78	23%	82	32%	87	38%	89	31%
65 or older	28	8%	35	14%	23	10%	24	8%
No response	14	4%	2	1%	16	7%	5	2%
Average age	39.8 years old		44.1 years old		44.8 years old		41.5 years old	
Gender								
Male	59	18%	57	22%	58	26%	67	23%
Female	273	82%	200	77%	162	71%	216	76%
No response	1	<1%	3	1%	7	3%	3	1%
Annual household income								
Under $15,000	16	5%	7	3%	11	5%	5	2%
$15,000 to $34,999	75	23%	25	10%	41	18%	29	10%
$35,000 to $49,999	54	16%	33	13%	39	17%	41	14%
$50,000 to $79,999	50	15%	46	18%	62	27%	73	26%
$80,000 or more	25	8%	12	5%	18	8%	23	8%
Not sure/don't remember/no response	113	34%	137	53%	56	25%	115	40%
Note: Columns may not sum to 100% due to rounding.								

Table 103: Level of education – Assiniboine and Morden

	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Did not finish high school	40	12%	46	12%	73	28%	77	26%
Got a high school diploma or Graduate Equivalency Diploma	69	21%	83	22%	63	24%	65	22%
Had some college or vocational school	71	22%	107	29%	48	18%	60	21%
Finished college or graduate school	87	26%	120	32%	63	24%	70	24%
Not sure/don't remember/no response	62	19%	18	5%	15	6%	21	7%

Table 104: Level of education – Winkler and Steinbach

	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Did not finish high school	87	26%	78	30%	59	26%	63	22%
Got a high school diploma or Graduate Equivalency Diploma	100	30%	67	26%	66	29%	87	30%
Had some college or vocational school	65	20%	44	17%	48	21%	59	21%
Finished college or graduate school	70	21%	48	19%	45	20%	63	22%
Not sure/don't remember/ no response	11	3%	23	9%	9	4%	14	5%
Note: Columns may not sum to 100% due to rounding.								

Table 105: Employment status – Assiniboine and Morden

	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Employed full-time	99	30%	149	40%	78	30%	92	31%
Employed part-time	35	11%	32	9%	49	19%	55	19%
Not employed	11	3%	15	4%	25	10%	20	7%
Retired/in school	110	33%	143	38%	65	25%	77	26%
Disability	6	2%	10	3%	7	3%	3	1%
Self-employed	4	1%	6	2%	14	5%	5	2%
Homemaker/housewife	4	1%	-	-	12	5%	16	6%
Other	2	1%	6	2%	8	3%	7	2%
Not sure/don't remember/no response	60	18%	13	4%	9	3%	18	6%
Note: Respondents could provide more than one answer. Columns may sum to more than 100%.								

Table 106: Employment status – Winkler and Steinbach

	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Employed full-time	105	32%	78	30%	100	44%	116	41%
Employed part-time	60	18%	62	24%	37	16%	62	22%
Not employed	73	22%	34	13%	28	12%	30	11%
Retired/in school	47	14%	41	16%	28	12%	30	11%
Disability	2	1%	3	1%	5	2%	2	1%
Self-employed	11	3%	8	3%	13	6%	16	6%
Homemaker/housewife	24	7%	15	6%	7	3%	15	5%
Other	6	2%	7	3%	4	2%	17	6%
Not sure/don't remember/no response	6	2%	15	6%	6	3%	9	3%
Note: Respondents could provide more than one answer. Columns may sum to more than 100%.								

Table 107: Respondents' history with the clinic – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Do you usually come to this clinic when you are sick or need advice about your health?								
Yes	320	97%	366	98%	248	95%	287	98%
No	8	2%	6	2%	12	5%	5	2%
Not sure/no response	1	<1%	2	1%	2	1%	1	<1%
Does the doctor/doctors in this clinic know you relatively well?								
Yes	297	90%	348	93%	218	83%	233	80%
No	27	8%	20	5%	39	15%	49	17%
Not sure/no response	5	2%	6	2%	5	2%	11	4%
Is this clinic most responsible for your health care?								
Yes	328	100%	369	99%	256	98%	289	99%
No	-	-	2	1%	5	2%	3	1%
No sure/no response	1	<1%	3	1%	1	<1%	1	<1%
Note: Columns may not sum to 100% due to rounding.								

Table 108: Respondents' history with the clinic – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Do you usually come to this clinic when you are sick or need advice about your health?								
Yes	315	95%	257	99%	215	95%	285	100%
No	18	5%	2	1%	10	4%	1	<1%
Not sure/no response	-	-	1	<1%	2	1%	-	-
Does the doctor/doctors in this clinic know you relatively well?								
Yes	280	84%	207	80%	187	82%	215	75%
No	48	14%	44	17%	31	14%	62	22%
Not sure/no response	5	2%	9	4%	9	4%	9	3%
Is this clinic most responsible for your health care?								
Yes	325	98%	249	96%	220	97%	280	98%
No	8	2%	7	3%	5	2%	6	2%
Not sure/no response	-	-	4	2%	2	1%	-	-
Note: Columns may not sum to 100% due to rounding.								

Table 109: Length of time been patient with doctor – Assiniboine and Morden								
How long have you been a patient with this doctor?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Less than 1 year	9	3%	4	1%	23	9%	30	10%
1 year to less than 3 years	8	2%	32	9%	50	19%	75	26%
3 years to less than 5 years	12	4%	28	8%	41	16%	42	14%
5 years to less than 10 years	39	12%	73	20%	38	15%	44	15%
10 years to less than 20 years	112	34%	116	31%	48	18%	37	13%
20 years or longer	67	20%	100	27%	21	8%	40	14%
Not sure/don't remember/no response	82	25%	21	6%	41	16%	25	9%
Average length of time as a patient with doctor	13.6 years		12.8 years		7.2 years		7.5 years	
Note: Columns may not sum to 100% due to rounding.								

Table 110: Length of time been patient with doctor – Winkler and Steinbach

How long have you been a patient with this doctor?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Less than 1 year	21	6%	28	11%	29	13%	21	7%
1 year to less than 3 years	59	18%	27	10%	16	7%	29	10%
3 years to less than 5 years	56	17%	34	13%	33	15%	25	9%
5 years to less than 10 years	83	25%	76	29%	80	35%	98	34%
10 years to less than 20 years	53	16%	52	20%	37	16%	73	26%
20 years or longer	29	9%	18	7%	14	6%	19	7%
Not sure/don't remember/no response	32	10%	25	10%	18	8%	21	7%
Average length of time as a patient with doctor	7.3 years		7.2 years		7.0 years		7.9 years	

Note: Columns may not sum to 100% due to rounding.

Table 111: Rating of personal health – Assiniboine and Morden

Would you say your health is…	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Excellent	31	9%	31	8%	25	10%	28	10%
Very good	120	37%	131	35%	83	32%	92	31%
Good	136	41%	155	41%	103	39%	121	41%
Fair	35	11%	42	11%	35	13%	35	12%
Poor	6	2%	9	2%	12	5%	7	2%
No response	1	<1%	6	2%	4	2%	10	3%

Note: Columns may not sum to 100% due to rounding.

Table 112: Rating of personal health – Winkler and Steinbach

Would you say your health is…	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Excellent	45	14%	34	13%	28	12%	30	11%
Very good	134	40%	98	38%	75	33%	96	34%
Good	104	31%	84	32%	81	36%	109	38%
Fair	40	12%	35	14%	36	16%	43	15%
Poor	7	2%	7	3%	5	2%	5	2%
No response	3	1%	2	1%	2	1%	3	1%

Note: Columns may not sum to 100% due to rounding.

Table 113: Physical, mental, or emotion problems – Assiniboine and Morden

Do you have any physical, mental, or emotional problem that has lasted is or likely to last longer than one year?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Yes	169	51%	152	41%	128	49%	136	46%
No	141	43%	189	51%	117	45%	129	44%
Not sure/don't remember/no response	19	6%	33	9%	17	7%	28	10%

Note: Columns may not sum to 100% due to rounding.

Table 114: Physical, mental, or emotion problems – Winkler and Steinbach								
Do you have any physical, mental, or emotional problem that has lasted is orlikely to last longer than one year?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Yes	113	34%	102	39%	101	45%	123	43%
No	187	56%	136	52%	108	48%	130	46%
Not sure/don't remember/no response	33	10%	22	9%	18	8%	33	12%
Note: Columns may not sum to 100% due to rounding.								

Table 115: Utilization of clinic in terms of first contacts – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
When you need a regular general checkup, do you come see a doctor in this clinic?								
Definitely	322	98%	354	95%	229	87%	259	88%
Probably	7	2%	15	4%	31	12%	32	11%
Probably not	-	-	-	-	2	1%	-	-
Definitely not	-	-	1	<1%	-	-	-	-
Not sure/don't remember/no response	-	-	4	1%	-	-	2	1%
When you have a new health problem, do you come to this clinic before going elsewhere?								
Definitely	277	84%	308	82%	208	79%	235	80%
Probably	49	15%	58	16%	51	20%	53	18%
Probably not	3	1%	2	1%	2	1%	3	1%
Definitely not	-	-	1	<1%	-	-	-	-
Not sure/don't remember/no response	-	-	5	1%	1	<1%	2	1%
When you have to see a specialist, does your family doctor need to refer you?								
Definitely	246	75%	278	74%	171	65%	195	67%
Probably	74	23%	82	22%	73	28%	81	28%
Probably not	1	<1%	1	<1%	7	3%	2	1%
Definitely not	-	-	1	<1%	1	<1%	-	-
Not sure/don't remember/no response	8	2%	12	3%	10	4%	15	5%
Note: Columns may not sum to 100% due to rounding.								

Table 116: Utilization of clinic in terms of first contacts – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
When you need a regular general checkup, do you come see a doctor in this clinic?								
Definitely	300	90%	231	89%	205	90%	254	89%
Probably	29	9%	26	10%	17	8%	28	10%
Probably not	3	1%	1	<1%	3	1%	2	1%
Definitely not	-	-	1	<1%	1	<1%	1	<1%
Not sure/don't remember/no response	1	<1%	1	<1%	1	<1%	1	<1%
When you have a new health problem, do you come to this clinic before going elsewhere?								
Definitely	278	84%	208	80%	196	86%	245	86%
Probably	49	15%	48	19%	30	13%	39	14%
Probably not	4	1%	2	1%	1	<1%	1	<1%
Definitely not	2	1%	-	-	-	-	-	-
Not sure/don't remember/no response	-	-	2	1%	-	-	1	<1%
When you have to see a specialist, does your family doctor need to refer you?								
Definitely	227	68%	161	62%	159	70%	198	69%
Probably	81	24%	78	30%	55	24%	68	24%
Probably not	3	1%	3	1%	3	1%	3	1%
Definitely not	-	-	2	1%	-	-	-	-
Not sure/don't remember/no response	22	7%	16	6%	10	4%	17	6%
Note: Columns may not sum to 100% due to rounding.								

Table 117: Access to appointments or advice when clinic is open – Assiniboine and Morden								
When your family doctor's office is open…	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
…and you get sick, can you get an appointment on the same day?								
Definitely	22	7%	48	13%	22	8%	29	10%
Probably	119	36%	139	37%	97	37%	129	44%
Probably not	121	37%	108	29%	83	32%	91	31%
Definitely not	50	15%	44	12%	32	12%	21	7%
Not sure/don't remember/no response	17	5%	35	9%	28	11%	23	8%
…can you get advice quickly over the phone if you need it?								
Definitely	50	15%	80	21%	30	12%	51	17%
Probably	125	38%	157	42%	94	36%	118	40%
Probably not	92	28%	65	17%	56	21%	66	23%
Definitely not	20	6%	21	6%	27	10%	19	7%
Not sure/don't remember/no response	42	13%	51	14%	55	21%	39	13%

Table 118: Access to appointments or advice when clinic is open – Winkler and Steinbach								
When your family doctor's office is open…	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
…and you get sick, can you get an appointment on the same day?								
Definitely	58	17%	51	20%	42	19%	40	14%
Probably	106	32%	104	40%	68	30%	70	25%
Probably not	110	33%	65	25%	59	26%	86	30%
Definitely not	43	13%	23	9%	41	18%	78	27%
Not sure/don't remember/no response	16	5%	17	7%	17	8%	12	4%
…can you get advice quickly over the phone if you need it?								
Definitely	28	8%	31	12%	33	15%	33	12%
Probably	100	30%	88	34%	87	38%	103	36%
Probably not	111	33%	67	26%	45	20%	85	30%
Definitely not	47	14%	29	11%	25	11%	31	11%
Not sure/don't remember/no response	47	14%	45	17%	37	16%	34	12%
Note: Columns may not sum to 100% due to rounding.								

Table 119: Access to appointments or advice when clinic is closed – Assiniboine and Morden								
When your family doctor's office is closed…	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
…is there a phone number you can call when you get sick?								
Definitely	62	19%	88	24%	58	22%	70	24%
Probably	69	21%	81	22%	67	26%	70	24%
Probably not	44	13%	35	9%	29	11%	33	11%
Definitely not	48	15%	39	10%	24	9%	23	8%
Not sure/don't remember/no response	106	32%	131	35%	84	32%	97	33%
…and you get sick during the night, can someone from the clinic see you that night?								
Definitely	1	<1%	3	1%	12	5%	8	3%
Probably	12	4%	23	6%	36	14%	29	10%
Probably not	102	31%	108	29%	62	24%	89	30%
Definitely not	110	33%	121	32%	72	28%	67	23%
Not sure/don't remember/no response	104	32%	119	32%	80	31%	100	34%
Note: Columns may not sum to 100% due to rounding.								

Table 120: Access to appointments or advice when clinic is open – Winkler and Steinbach								
When your family doctor's office is closed…	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
…is there a phone number you can call when you get sick?								
Definitely	103	31%	82	32%	38	17%	53	19%
Probably	105	32%	70	27%	58	26%	72	25%
Probably not	40	12%	25	10%	29	13%	40	14%
Definitely not	34	10%	17	7%	20	9%	26	9%
Not sure/don't remember/no response	51	15%	66	25%	82	36%	95	33%
…and you get sick during the night, can someone from the clinic see you that night?								
Definitely	20	6%	17	7%	13	6%	7	2%
Probably	50	15%	32	12%	18	8%	25	9%
Probably not	93	28%	89	34%	69	30%	91	32%
Definitely not	105	32%	56	22%	53	23%	93	33%
Not sure/don't remember/no response	65	20%	66	25%	74	33%	70	25%
Note: Columns may not sum to 100% due to rounding.								

Table 121: Access to care by the same doctor – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
When you come to the clinic, are you taken care of by the same doctor each time?								
Definitely	283	86%	335	90%	168	64%	174	59%
Probably	42	13%	34	9%	72	28%	90	31%
Probably not	1	<1%	3	1%	13	5%	20	7%
Definitely not	-	-	-	-	7	3%	7	2%
Not sure/don't remember/no response	3	1%	2	1%	2	1%	2	1%
If you have a question, can you call and talk to the doctor who knows you best?								
Definitely	120	37%	165	44%	78	30%	89	30%
Probably	123	37%	124	33%	92	35%	108	37%
Probably not	34	10%	24	6%	41	16%	52	18%
Definitely not	9	3%	13	4%	18	7%	11	4%
Not sure/don't remember/no response	43	13%	48	13%	33	13%	33	11%
Note: Columns may not sum to 100% due to rounding.								

Table 122: Access to care by the same doctor – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
When you come to the clinic, are you taken care of by the same doctor each time?								
Definitely	129	39%	117	45%	126	56%	116	41%
Probably	105	32%	83	32%	69	30%	79	28%
Probably not	67	20%	46	18%	21	9%	45	16%
Definitely not	29	9%	11	4%	7	3%	39	14%
Not sure/don't remember/no response	3	1%	3	1%	4	2%	7	2%
If you have a question, can you call and talk to the doctor who knows you best?								
Definitely	43	13%	54	21%	46	20%	49	17%
Probably	111	33%	89	34%	67	30%	89	31%
Probably not	104	31%	64	25%	58	26%	65	23%
Definitely not	40	12%	19	7%	18	8%	47	16%
Not sure/don't remember/no response	35	11%	34	13%	38	17%	36	13%
Note: Columns may not sum to 100% due to rounding.								

Table 123: Family doctor's personal knowledge of respondents – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Does your family doctor know you very well as a person, rather than as someone with a medical problem?								
Definitely	151	46%	205	55%	83	32%	89	30%
Probably	104	32%	105	28%	78	30%	105	36%
Probably not	54	16%	48	13%	68	26%	67	23%
Definitely not	11	3%	5	1%	17	7%	17	6%
Not sure/don't remember/no response	9	3%	11	3%	16	6%	15	5%
Does your family doctor know what problems are most important to you?								
Definitely	184	56%	214	57%	112	43%	128	44%
Probably	117	36%	135	36%	96	37%	111	38%
Probably not	18	6%	17	5%	32	12%	33	11%
Definitely not	3	1%	2	1%	5	2%	5	2%
Not sure/don't remember/no response	7	2%	6	2%	17	7%	16	6%
Note: Columns may not sum to 100% due to rounding.								

Table 124: Family doctor's personal knowledge of respondents – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Does your family doctor know you very well as a person, rather than as someone with a medical problem?								
Definitely	114	34%	97	37%	60	26%	96	34%
Probably	113	34%	69	27%	77	34%	91	32%
Probably not	62	19%	61	24%	60	26%	54	19%
Definitely not	33	10%	14	5%	15	7%	25	9%
Not sure/don't remember/no response	11	3%	19	7%	15	7%	20	7%
Does your family doctor know what problems are most important to you?								
Definitely	136	41%	102	39%	81	36%	97	34%
Probably	128	38%	100	39%	103	45%	113	40%
Probably not	44	13%	42	16%	25	11%	46	16%
Definitely not	10	3%	6	2%	5	2%	9	3%
Not sure/don't remember/no response	15	5%	10	4%	13	6%	21	7%
Note: Columns may not sum to 100% due to rounding.								

Table 125: Visits to specialists or special services – Assiniboine and Morden								
Have you ever had a visit to any kind of specialist or special service?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Yes	307	93%	321	86%	200	76%	201	69%
No	17	5%	33	9%	47	18%	67	23%
Not sure/don't remember/no response	5	2%	20	5%	15	6%	25	9%
Note: Columns may not sum to 100% due to rounding.								

Table 126: Visits to specialists or special services – Winkler and Steinbach								
Have you ever had a visit to any kind of specialist or special service?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Yes	204	61%	174	67%	176	78%	233	82%
No	103	31%	65	25%	32	14%	34	12%
Not sure/don't remember/no response	26	8%	21	8%	19	8%	19	7%
Note: Columns may not sum to 100% due to rounding.								

Table 127: Discussed different places to go for help with problem – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	307	93%	321	86%	200	76%	201	69%
	(n=307)		(n=321)		(n=200)		(n=201)	
Did your family doctor discuss with you the different places you could have gone to get help with that problem?								
Definitely	185	60%	198	62%	93	47%	101	50%
Probably	63	21%	69	22%	49	25%	54	27%
Probably not	22	7%	15	5%	25	13%	13	7%
Definitely not	13	4%	13	4%	10	5%	10	5%
Not sure/don't remember/no response	24	8%	26	8%	23	12%	23	11%
Note: Columns may not sum to 100% due to rounding.								

Table 128: Discussed different places to go for help with problem – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	204	61%	174	67%	176	78%	233	82%
	(n=204)		(n=174)		(n=176)		(n=233)	
Did your family doctor discuss with you the different places you could have gone to get help with that problem?								
Definitely	87	43%	83	48%	88	50%	102	44%
Probably	49	24%	50	29%	48	27%	72	31%
Probably not	32	16%	12	7%	16	9%	21	9%
Definitely not	20	10%	9	5%	12	7%	19	8%
Not sure/don't remember/no response	16	8%	20	12%	12	7%	19	8%
Note: Columns may not sum to 100% due to rounding.								

Table 129: Assistance with making specialist or special service appointment – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	307	93%	321	86%	200	76%	201	69%
	(n=307)		(n=321)		(n=200)		(n=201)	
Did someone in the clinic help you make the appointment for that visit?								
Definitely	260	85%	275	86%	138	69%	138	69%
Probably	35	11%	24	8%	28	14%	32	16%
Probably not	-	-	4	1%	10	5%	6	3%
Definitely not	3	1%	4	1%	10	5%	11	6%
Not sure/don't remember/no response	9	3%	14	4%	14	7%	14	7%
Note: Columns may not sum to 100% due to rounding.								

Table 130: Assistance with making specialist or special service appointment – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	204	61%	174	67%	176	78%	233	82%
	(n=204)		(n=174)		(n=176)		(n=233)	
Did someone in the clinic help you make the appointment for that visit?								
Definitely	140	69%	128	74%	139	79%	181	78%
Probably	35	17%	24	14%	25	14%	29	12%
Probably not	8	4%	4	2%	4	2%	4	2%
Definitely not	12	6%	7	4%	4	2%	10	4%
Not sure/don't remember/no response	9	4%	11	6%	4	2%	9	4%
Note: Columns may not sum to 100% due to rounding.								

Table 131: Writing a letter for specialist – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	307	93%	321	86%	200	76%	201	69%
	(n=307)		(n=321)		(n=200)		(n=201)	
Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?								
Definitely	211	69%	227	71%	132	66%	135	67%
Probably	48	16%	52	16%	33	17%	35	17%
Probably not	4	1%	4	1%	10	5%	4	2%
Definitely not	9	3%	7	2%	7	4%	8	4%
Not sure/don't remember/no response	35	11%	31	10%	18	9%	19	10%
Note: Columns may not sum to 100% due to rounding.								

Table 132: Writing a letter for specialist – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	204	61%	174	67%	176	78%	233	82%
	(n=204)		(n=174)		(n=176)		(n=233)	
Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?								
Definitely	131	64%	117	67%	121	69%	154	66%
Probably	38	19%	28	16%	33	19%	39	17%
Probably not	8	4%	5	3%	8	5%	13	6%
Definitely not	8	4%	3	2%	3	2%	10	4%
Not sure/don't remember/no response	19	9%	21	12%	11	6%	17	7%
Note: Columns may not sum to 100% due to rounding.								

Table 133: Post-visit discussion with family doctor about specialist or special service – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	307	93%	321	86%	200	76%	201	69%
	(n=307)		(n=321)		(n=200)		(n=201)	
After you went to the specialist or special service, did your family doctor talk with you about what happened at the visit?								
Definitely	212	69%	235	73%	129	65%	147	73%
Probably	57	19%	44	14%	39	20%	32	16%
Probably not	18	6%	18	6%	12	6%	8	4%
Definitely not	7	2%	5	2%	6	3%	3	2%
Not sure/don't remember/no response	13	4%	19	6%	14	7%	11	6%
Note: Columns may not sum to 100% due to rounding.								

Table 134: Post-visit discussion with family doctor about specialist or special service – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Those who had a visit to a specialist or special service	204	61%	174	67%	176	78%	233	82%
	(n=204)		(n=174)		(n=176)		(n=233)	
After you went to the specialist or special service, did your family doctor talk with you about what happened at the visit?								
Definitely	123	60%	113	65%	114	65%	123	53%
Probably	37	18%	29	17%	36	21%	57	25%
Probably not	15	7%	10	6%	7	4%	17	7%
Definitely not	13	6%	10	6%	7	4%	16	7%
Not sure/don't remember/no response	16	8%	12	7%	12	7%	20	9%
Note: Columns may not sum to 100% due to rounding.								

Table 135: Availability of immunizations (shots) at family doctor's office – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	275	84%	277	74%	164	63%	196	67%
Probably	28	9%	48	13%	40	15%	44	15%
Probably not	2	1%	2	1%	10	4%	7	2%
Definitely not	2	1%	2	1%	6	2%	6	2%
Not sure/don't remember/no response	22	7%	45	12%	42	16%	40	14%
Note: Columns may not sum to 100% due to rounding.								

Table 136: Availability of immunizations (shots) at family doctor's office – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	122	37%	106	41%	149	66%	173	61%
Probably	74	22%	47	18%	41	18%	57	20%
Probably not	43	13%	26	10%	5	2%	8	3%
Definitely not	34	10%	26	10%	1	<1%	3	1%
Not sure/don't remember/no response	60	18%	55	21%	31	14%	45	16%
Note: Columns may not sum to 100% due to rounding.								

Table 137: Availability of family planning and birth control methods at family doctor's office – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	168	51%	165	44%	142	54%	163	56%
Probably	60	18%	72	19%	33	13%	47	16%
Probably not	5	2%	6	2%	4	2%	6	2%
Definitely not	16	5%	21	6%	12	5%	13	4%
Not sure/don't remember/no response	80	24%	110	29%	71	27%	64	22%
Note: Columns may not sum to 100% due to rounding.								

Table 138: Availability of family planning and birth control methods at family doctor's office – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	205	62%	147	57%	152	67%	172	60%
Probably	65	20%	53	20%	30	13%	42	15%
Probably not	4	1%	1	<1%	1	<1%	3	1%
Definitely not	11	3%	5	2%	6	3%	14	5%
Not sure/don't remember/no response	48	14%	54	21%	38	17%	55	19%

Table 139: Availability of counseling for mental health problems at family doctor's office – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	105	32%	122	33%	71	27%	76	26%
Probably	79	24%	97	26%	66	25%	83	28%
Probably not	26	8%	22	6%	15	6%	24	8%
Definitely not	13	4%	10	3%	12	5%	17	6%
Not sure/don't remember/no response	106	32%	123	33%	98	37%	93	32%
Note: Columns may not sum to 100% due to rounding.								

Table 140: Availability of counseling for mental health problems at family doctor's office – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	107	32%	76	29%	64	28%	77	27%
Probably	88	26%	66	25%	60	26%	92	32%
Probably not	37	11%	24	9%	17	8%	23	8%
Definitely not	13	4%	11	4%	6	3%	18	6%
Not sure/don't remember/no response	88	26%	83	32%	80	35%	76	27%
Note: Columns may not sum to 100% due to rounding.								

Table 141: Availability of the service of sewing up a cut that needs stitches at family doctor's office – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	75	23%	83	22%	81	31%	75	26%
Probably	94	29%	93	25%	67	26%	70	24%
Probably not	42	13%	47	13%	25	10%	35	12%
Definitely not	11	3%	13	4%	17	7%	17	6%
Not sure/don't remember/no response	107	33%	138	37%	72	28%	96	33%
Note: Columns may not sum to 100% due to rounding.								

Table 142: Availability of the service of sewing up a cut that needs stitches at family doctor's office – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	182	55%	122	47%	65	29%	68	24%
Probably	80	24%	67	26%	49	22%	73	26%
Probably not	19	6%	15	6%	34	15%	48	17%
Definitely not	5	2%	5	2%	15	7%	15	5%
Not sure/don't remember/no response	47	14%	51	20%	64	28%	82	29%
Note: Columns may not sum to 100% due to rounding.								

Table 143: Received advice about nutrition - Assiniboine and Morden								
Advice about healthy foods and unhealthy foods	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	147	45%	184	49%	111	42%	148	51%
Probably	119	36%	124	33%	92	35%	92	31%
Probably not	24	7%	18	5%	28	11%	16	6%
Definitely not	8	2%	6	2%	8	3%	5	2%
Not sure/don't remember/no response	31	9%	42	11%	23	9%	32	11%
Note: Columns may not sum to 100% due to rounding.								

Table 144: Received advice about nutrition – Winkler and Steinbach								
Advice about healthy foods and unhealthy foods	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	140	42%	122	47%	100	44%	121	42%
Probably	132	40%	91	35%	92	41%	116	41%
Probably not	32	10%	12	5%	11	5%	16	6%
Definitely not	5	2%	8	3%	4	2%	7	2%
Not sure/don't remember/no response	24	7%	27	10%	20	9%	26	9%
Note: Columns may not sum to 100% due to rounding.								

Table 145: Receive advice on seat belt use or child safety seats – Assiniboine and Morden								
Advice on seat belt use or child safety seats	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	26	8%	34	9%	32	12%	43	15%
Probably	97	30%	114	31%	68	26%	85	29%
Probably not	43	13%	57	15%	31	12%	45	15%
Definitely not	25	8%	44	12%	34	13%	26	9%
Not sure/don't remember/no response	138	42%	125	33%	97	37%	94	32%
Note: Columns may not sum to 100% due to rounding.								

Table 146: Receive advice on seat belt use or child safety seats – Winkler and Steinbach								
Advice on seat belt use or child safety seats	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	81	24%	58	22%	28	12%	26	9%
Probably	111	33%	83	32%	73	32%	79	28%
Probably not	46	14%	28	11%	31	14%	57	20%
Definitely not	20	6%	12	5%	20	9%	25	9%
Not sure/don't remember/no response	75	23%	79	30%	75	33%	99	35%
Note: Columns may not sum to 100% due to rounding.								

Table 147: Receive advice on home safety, like getting and checking smoke detectors and storing medicines safely – Assiniboine and Morden

Home safety, like getting and checking smoke detectors and storing medicines safely	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	16	5%	32	9%	23	9%	25	9%
Probably	84	26%	105	28%	55	21%	74	25%
Probably not	72	22%	75	20%	53	20%	56	19%
Definitely not	38	12%	50	13%	38	15%	38	13%
Not sure/don't remember/no response	119	36%	112	30%	93	36%	100	34%
Note: Columns may not sum to 100% due to rounding.								

Table 148: Receive advice on home safety, like getting and checking smoke detectors and storing medicines safely – Winkler and Steinbach

Home safety, like getting and checking smoke detectors and storing medicines safely	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	51	15%	38	15%	19	8%	19	7%
Probably	98	29%	76	29%	58	26%	65	23%
Probably not	78	23%	44	17%	44	19%	75	26%
Definitely not	24	7%	23	9%	26	12%	29	10%
Not sure/don't remember/no response	82	25%	79	30%	80	35%	98	34%
Note: Columns may not sum to 100% due to rounding.								

Table 149: Receive advice on possible exposures to harmful substances in home, at work, or in neighbourhood – Assiniboine and Morden

Possible exposures to harmful substances in your home, at work, or in your neighbourhood	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	32	10%	38	10%	30	12%	35	12%
Probably	101	31%	126	34%	63	24%	85	29%
Probably not	57	17%	65	17%	54	21%	51	17%
Definitely not	33	10%	38	10%	27	10%	27	9%
Not sure/don't remember/no response	106	32%	107	29%	88	34%	95	32%
Note: Columns may not sum to 100% due to rounding.								

Table 150: Receive advice on possible exposures to harmful substances in home, at work, or in neighbourhood – Winkler and Steinbach

Possible exposures to harmful substances in your home, at work, or in your neighbourhood	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	54	16%	48	19%	27	12%	25	9%
Probably	120	36%	80	31%	75	33%	96	34%
Probably not	58	17%	45	17%	45	20%	61	21%
Definitely not	19	6%	13	5%	15	7%	19	7%
Not sure/don't remember/no response	82	25%	74	29%	65	29%	85	30%
Note: Columns may not sum to 100% due to rounding.								

Table 151: Receive safety advice specifically for people 65 years old or older – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=98)		Post Survey (n=120)		Pre Survey (n=48)		Post Survey (n=57)	
	n	%	n	%	n	%	n	%
How to prevent hot water burns								
Definitely	5	5%	11	9%	4	8%	3	5%
Probably	36	37%	36	30%	12	25%	10	18%
Probably not	15	15%	23	19%	3	6%	10	18%
Definitely not	12	12%	13	11%	11	23%	6	11%
Not sure/don't remember/no response	30	31%	37	31%	18	38%	28	49%
How to prevent falls								
Definitely	13	13%	17	14%	5	10%	5	9%
Probably	35	36%	39	33%	14	29%	13	23%
Probably not	14	14%	19	16%	3	6%	7	12%
Definitely not	10	10%	10	8%	10	21%	8	14%
Not sure/don't remember/no response	26	27%	35	29%	16	33%	24	42%
Note: Columns may not sum to 100% due to rounding.								

Table 152: Receive safety advice specifically for people 65 years old or older – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=28)		Post Survey (n=35)		Pre Survey (n=23)		Post Survey (n=24)	
	n	%	n	%	n	%	n	%
How to prevent hot water burns								
Definitely	3	11%	4	11%	2	9%	1	4%
Probably	7	25%	7	20%	5	22%	8	33%
Probably not	6	21%	5	14%	4	17%	1	4%
Definitely not	5	18%	7	20%	5	22%	2	8%
Not sure/don't remember/no response	7	25%	12	34%	7	30%	12	50%
How to prevent falls								
Definitely	4	14%	7	20%	3	13%	1	4%
Probably	11	39%	11	31%	6	26%	9	38%
Probably not	4	14%	2	6%	3	13%	1	4%
Definitely not	4	14%	5	14%	5	22%	1	4%
Not sure/don't remember/no response	5	18%	10	29%	6	26%	12	50%
Note: Columns may not sum to 100% due to rounding.								

Table 153: Discussed ways to handle family conflicts that may arise from time to time – Assiniboine and Morden								
Ways to handle family conflicts that may arise from time to time	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	40	12%	45	12%	27	10%	23	8%
Probably	99	30%	113	30%	70	27%	94	32%
Probably not	57	17%	60	16%	47	18%	43	15%
Definitely not	31	9%	44	12%	30	12%	27	9%
Not sure/don't remember/no response	102	31%	112	30%	88	34%	106	36%
Note: Columns may not sum to 100% due to rounding.								

Table 154: Discussed ways to handle family conflicts that may arise from time to time – Winkler and Steinbach								
Ways to handle family conflicts that may arise from time to time	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	44	13%	38	15%	22	10%	20	7%
Probably	111	33%	70	27%	61	27%	85	30%
Probably not	64	19%	41	16%	47	21%	70	25%
Definitely not	21	6%	23	9%	17	8%	23	8%
Not sure/don't remember/no response	93	28%	88	34%	80	35%	88	31%
Note: Columns may not sum to 100% due to rounding.								

Table 155: Received advice about appropriate exercise – Assiniboine and Morden								
Advice about appropriate exercise for you	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	149	45%	180	48%	96	37%	131	45%
Probably	124	38%	128	34%	96	37%	101	35%
Probably not	18	6%	18	5%	24	9%	16	6%
Definitely not	11	3%	8	2%	13	5%	5	2%
Not sure/don't remember/no response	27	8%	40	11%	33	13%	40	14%
Note: Columns may not sum to 100% due to rounding.								

Table 156: Advice about appropriate exercise – Winkler and Steinbach								
Advice about appropriate exercise for you	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	149	45%	108	42%	96	42%	117	41%
Probably	120	36%	100	39%	104	46%	121	42%
Probably not	35	11%	13	5%	6	3%	18	6%
Definitely not	7	2%	8	3%	5	2%	7	2%
Not sure/don't remember/no response	22	7%	31	12%	16	7%	23	8%
Note: Columns may not sum to 100% due to rounding.								

Table 157: Received tests for cholesterol levels in blood – Assiniboine and Morden								
Tests for cholesterol levels in your blood	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	281	85%	302	81%	174	66%	200	68%
Probably	33	10%	45	12%	61	23%	54	18%
Probably not	1	<1%	-	-	6	2%	4	1%
Definitely not	3	1%	1	<1%	3	1%	7	2%
Not sure/don't remember/no response	11	3%	26	7%	18	7%	28	10%
Note: Columns may not sum to 100% due to rounding.								

Table 158: Received tests for cholesterol levels in blood – Winkler and Steinbach								
Tests for cholesterol levels in your blood	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	222	67%	174	67%	178	78%	179	63%
Probably	76	23%	58	22%	32	14%	75	26%
Probably not	7	2%	6	2%	3	1%	7	2%
Definitely not	7	2%	2	1%	4	2%	6	2%
Not sure/don't remember/no response	21	6%	20	8%	10	4%	19	7%
Note: Columns may not sum to 100% due to rounding.								

Table 159: Checked on and discussed current medications – Assiniboine and Morden								
Checking on and discussing the medications you are taking	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	282	86%	315	84%	205	78%	238	81%
Probably	36	11%	42	11%	42	16%	39	13%
Probably not	-	-	1	<1%	5	2%	2	1%
Definitely not	2	1%	2	1%	3	1%	1	<1%
Not sure/don't remember/no response	9	3%	14	4%	7	3%	13	4%
Note: Columns may not sum to 100% due to rounding.								

Table 160: Checking on and discussing the medications you are taking								
Checking on and discussing the medications you are taking	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	258	78%	199	77%	187	82%	206	72%
Probably	49	15%	47	18%	27	12%	58	20%
Probably not	9	3%	3	1%	5	2%	8	3%
Definitely not	2	1%	1	<1%	2	1%	2	1%
Not sure/don't remember/no response	15	5%	10	4%	6	3%	12	4%
Note: Columns may not sum to 100% due to rounding.								

Table 161: Discussed female-specific topics with family doctor – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=170)		Post Survey (n=224)		Pre Survey (n=196)		Post Survey (n=218)	
	n	%	n	%	n	%	n	%
How to prevent osteoporosis or fragile bones								
Definitely	97	57%	138	62%	86	44%	107	49%
Probably	43	25%	51	23%	67	34%	74	34%
Probably not	7	4%	3	1%	11	6%	8	4%
Definitely not	8	5%	4	2%	8	4%	6	3%
Not sure/don't remember/no response	15	9%	28	13%	24	12%	23	11%
Care for common menstrual or menopause problems								
Definitely	94	55%	130	58%	103	53%	110	51%
Probably	43	25%	42	19%	48	25%	63	29%
Probably not	3	2%	9	4%	8	4%	3	1%
Definitely not	5	3%	3	1%	7	4%	9	4%
Not sure/don't remember/no response	25	15%	40	18%	30	15%	33	15%
Note: Columns may not sum to 100% due to rounding.								

Table 162: Discussed female-specific topics with family doctor – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=273)		Post Survey (n=200)		Pre Survey (n=162)		Post Survey (n=216)	
	n	%	n	%	n	%	n	%
How to prevent osteoporosis or fragile bones								
Definitely	107	39%	102	51%	64	40%	76	35%
Probably	112	41%	62	31%	69	43%	79	37%
Probably not	17	6%	10	5%	8	5%	17	8%
Definitely not	7	3%	5	3%	2	1%	5	2%
Not sure/don't remember/no response	30	11%	21	11%	19	12%	39	18%
Care for common menstrual or menopause problems								
Definitely	153	56%	128	64%	83	51%	93	43%
Probably	89	33%	44	22%	59	36%	81	38%
Probably not	9	3%	7	4%	2	1%	13	6%
Definitely not	4	2%	2	1%	2	1%	3	1%
Not sure/don't remember/no response	18	7%	19	10%	16	10%	26	12%
Note: Columns may not sum to 100% due to rounding.								

Table 163: Ask about ideas and opinions when planning treatment and care for you or family members – Assiniboine and Morden								
Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family members?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	143	44%	184	49%	109	42%	133	45%
Probably	90	27%	103	28%	78	30%	87	30%
Probably not	37	11%	27	7%	19	7%	21	7%
Definitely not	12	4%	11	3%	16	6%	4	1%
Not sure/don't remember/no response	47	14%	49	13%	40	15%	48	16%
Note: Columns may not sum to 100% due to rounding.								

Table 164: Ask about ideas and opinions when planning treatment and care for you or family members – Winkler and Steinbach

Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family members?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	124	37%	118	45%	83	37%	129	45%
Probably	121	36%	69	27%	76	34%	80	28%
Probably not	37	11%	22	9%	23	10%	31	11%
Definitely not	15	5%	9	4%	9	4%	10	4%
Not sure/don't remember/no response	36	11%	42	16%	36	16%	36	13%

Note: Columns may not sum to 100% due to rounding.

Table 165: Family medical history – Assiniboine and Morden

Has your family doctor asked about illness or problems that might run in your family?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	259	79%	292	78%	194	74%	221	75%
Probably	49	15%	51	14%	44	17%	48	16%
Probably not	8	2%	12	3%	8	3%	7	2%
Definitely not	3	1%	3	1%	9	3%	-	-
Not sure/don't remember/no response	10	3%	16	4%	7	3%	17	6%

Note: Columns may not sum to 100% due to rounding.

Table 166: Has your family doctor asked about illness or problems that might run in your family? – Winkler and Steinbach

Has your family doctor asked about illness or problems that might run in your family?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	245	74%	198	76%	172	76%	200	70%
Probably	54	16%	36	14%	33	15%	49	17%
Probably not	13	4%	8	3%	5	2%	14	5%
Definitely not	7	2%	5	2%	5	2%	5	2%
Not sure/don't remember/no response	14	4%	13	5%	12	5%	18	6%

Table 167: Staff at clinic make home visits – Assiniboine and Morden

Does anyone in this clinic ever make home visits?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	5	2%	4	1%	6	2%	9	3%
Probably	11	3%	15	4%	15	6%	15	5%
Probably not	80	24%	73	20%	68	26%	64	22%
Definitely not	94	29%	107	29%	58	22%	62	21%
Not sure/don't remember/no response	139	42%	175	47%	115	44%	143	49%

Note: Columns may not sum to 100% due to rounding.

Table 168: Staff at clinic make home visits – Winkler and Steinbach

Does anyone in this clinic ever make home visits?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	29	9%	36	14%	10	4%	5	2%
Probably	28	8%	16	6%	13	6%	16	6%
Probably not	66	20%	48	19%	60	26%	67	23%
Definitely not	91	27%	46	18%	61	27%	86	30%
Not sure/don't remember/no response	119	36%	114	44%	83	37%	112	39%

Note: Columns may not sum to 100% due to rounding.

Table 169: Knowledge of health problems in neighbourhoods – Assiniboine and Morden								
Do you think your family doctor knows about the important health problems of your neighbourhood?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	47	14%	48	13%	46	18%	51	17%
Probably	109	33%	109	29%	89	34%	111	38%
Probably not	49	15%	67	18%	54	21%	44	15%
Definitely not	20	6%	34	9%	16	6%	11	4%
Not sure/don't remember/no response	104	32%	116	31%	57	22%	76	26%
Note: Columns may not sum to 100% due to rounding.								

Table 170: Knowledge of health problems in neighbourhoods – Winkler and Steinbach								
Do you think your family doctor knows about the important health problems of your neighbourhood?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	57	17%	47	18%	28	12%	30	11%
Probably	116	35%	101	39%	85	37%	103	36%
Probably not	55	17%	42	16%	47	21%	54	19%
Definitely not	27	8%	14	5%	10	4%	24	8%
Not sure/don't remember/no response	78	23%	56	22%	57	25%	75	26%
Note: Columns may not sum to 100% due to rounding.								

Table 171: How does your family doctor get opinions and ideas from people that will help to provide better health care? – Assiniboine and Morden								
	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Does s/he do surveys of patients to see if the services are meeting people's needs?								
Definitely	29	9%	32	9%	19	7%	19	7%
Probably	49	15%	77	21%	39	15%	38	13%
Probably not	56	17%	27	7%	33	13%	30	10%
Definitely not	19	6%	27	7%	17	7%	14	5%
Not sure/don't remember/no response	176	54%	211	56%	154	59%	192	66%
Does s/he ask family members to be on the Board of Directors or advisory committee?								
Definitely	2	1%	1	<1%	5	2%	3	1%
Probably	21	6%	27	7%	27	10%	24	8%
Probably not	51	16%	47	13%	28	11%	34	12%
Definitely not	42	13%	49	13%	32	12%	21	7%
Not sure/don't remember/no response	213	65%	250	67%	170	65%	211	72%
Note: Columns may not sum to 100% due to rounding.								

Table 172: How does your family doctor get opinions and ideas from people that will help to provide better health care? – Winkler and Steinbach								
	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Does s/he do surveys of patients to see if the services are meeting peoples needs?								
Definitely	17	5%	22	9%	14	6%	26	9%
Probably	47	14%	46	18%	43	19%	61	21%
Probably not	51	15%	23	9%	36	16%	26	9%
Definitely not	28	8%	16	6%	12	5%	17	6%
Not sure/don't remember/no response	190	57%	153	59%	122	54%	156	55%
Does s/he ask family members to be on the Board of Directors or advisory committee?								
Definitely	3	1%	9	4%	1	<1%	6	2%
Probably	22	7%	16	6%	19	8%	32	11%
Probably not	62	19%	31	12%	35	15%	24	8%
Definitely not	38	11%	24	9%	28	12%	26	9%
Not sure/don't remember/no response	208	63%	180	69%	144	63%	198	69%
Note: Columns may not sum to 100% due to rounding.								

Table 173: Recommendation of family doctor – Assiniboine and Morden								
Would you recommend your family doctor to a friend or relative?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	280	85%	323	86%	186	71%	206	70%
Probably	42	13%	40	11%	55	21%	59	20%
Probably not	1	<1%	4	1%	9	3%	8	3%
Definitely not	1	<1%	2	1%	3	1%	3	1%
Not sure/don't remember/no response	5	2%	5	1%	9	3%	17	6%
Note: Columns may not sum to 100% due to rounding.								

Table 174: Recommendation of family doctor – Winkler and Steinbach								
Would you recommend your family doctor to a friend or relative?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	242	73%	194	75%	173	76%	214	75%
Probably	70	21%	50	19%	43	19%	46	16%
Probably not	10	3%	7	3%	3	1%	9	3%
Definitely not	4	1%	4	2%	1	<1%	1	<1%
Not sure/don't remember/no response	7	2%	5	2%	7	3%	16	6%
Note: Columns may not sum to 100% due to rounding.								

Table 175: Recommendation of doctor to someone who does not speak English well – Assiniboine and Morden								
Would you recommend your family physician to someone who does not speak English well?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	133	40%	166	44%	79	30%	86	29%
Probably	109	33%	128	34%	85	32%	100	34%
Probably not	32	10%	22	6%	51	20%	43	15%
Definitely not	6	2%	2	1%	10	4%	5	2%
Not sure/don't remember/no response	49	15%	56	15%	37	14%	59	20%

Table 176: Recommendation of doctor to someone who does not speak English well – Winkler and Steinbach								
Would you recommend your family physician to someone who does not speak English well?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	93	28%	83	32%	87	38%	85	30%
Probably	123	37%	69	27%	75	33%	88	31%
Probably not	78	23%	59	23%	31	14%	45	16%
Definitely not	9	3%	13	5%	4	2%	8	3%
Not sure/don't remember/no response	30	9%	36	14%	30	13%	60	21%
Note: Columns may not sum to 100% due to rounding.								

Table 177: Recommendation of doctor to someone who uses folk medicine or has special beliefs about health care – Assiniboine and Morden								
Would you recommend your family doctor to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	Assiniboine				Morden			
	Pre Survey (n=329)		Post Survey (n=374)		Pre Survey (n=262)		Post Survey (n=293)	
	n	%	n	%	n	%	n	%
Definitely	86	26%	111	30%	78	30%	79	27%
Probably	106	32%	113	30%	85	32%	89	30%
Probably not	55	17%	63	17%	42	16%	39	13%
Definitely not	11	3%	14	4%	8	3%	9	3%
Not sure/don't remember/no response	71	22%	73	20%	49	19%	77	26%
Note: Columns may not sum to 100% due to rounding.								

Table 178: Recommendation of doctor to someone who uses folk medicine or has special beliefs about health care – Winkler and Steinbach								
Would you recommend your family doctor to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	Winkler				Steinbach			
	Pre Survey (n=333)		Post Survey (n=260)		Pre Survey (n=227)		Post Survey (n=286)	
	n	%	n	%	n	%	n	%
Definitely	93	28%	80	31%	75	33%	79	28%
Probably	90	27%	80	31%	71	31%	91	32%
Probably not	55	17%	37	14%	36	16%	46	16%
Definitely not	23	7%	11	4%	6	3%	7	2%
Not sure/don't remember/no response	72	22%	52	20%	39	17%	63	22%
Note: Columns may not sum to 100% due to rounding.								

Appendix B

Electronic Medical Records (EMR) data analysis report

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EVALUATION OF THE PHYSICIAN INTEGRATED NETWORK (PIN): PHASE I

ELECTRONIC MEDICAL RECORDS DATA ANALYSIS

July 10, 2009

Prepared for:

Manitoba Health and Healthy Living

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1.0 Introduction

This report presents the findings of the Electronic Medical Record Data Analysis Report for the Evaluation of the Physician Integrated Network (PIN): Phase I.

Section 1.1 provides background on the PIN initiative. Section 2.0 describes the methodology used for the study. Section 3.0 provides the findings of the data analysis. Section 4.0 summarizes the findings from this line of evidence.

1.1 Background

The Physician Integrated Network (PIN) initiative is intended to "facilitate systemic improvements in the delivery of primary care" in Manitoba.[25] This initiative involves group practice sites that agree to implement changes to increase patient access to primary care, increase provider access to and use of information to improve work life, and demonstrate high quality primary care focused on chronic disease. The underlying purpose of 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.[26]

Three group practice sites participated as demonstration sites in Phase 1 of PIN: Agassiz Medical Centre in Morden, Dr. C. W. Wiebe Medical Centre in Winkler, and Assiniboine Clinic in Winnipeg. Steinbach Family Medical Centre participated as the control site. Each clinic chose two areas of concentration as part of the demonstration. The Winkler clinic focused its efforts on preventative practices and coronary artery disease. The Assiniboine and Morden clinics focused their efforts on hypertension and diabetes. As the Steinbach clinic was the control site, its main involvement during PIN Phase 1 included implementing information management changes and using their Electronic Medical Records (EMR) to begin collecting information on clinical process indicators.

Using a subset of primary health indicators, which were developed by the Canadian Institute of Health Information, each clinic collected information using the EMR to measure the quality of care they provide to their patients, based on specific indicators. In Phase 1 of PIN, the clinics collected 27 individual indicators in the following indicator clusters[27]:

- Prevention
- Diabetes Management
- Asthma Management
- Congestive Heart Failure Management
- Hypertension Management
- Coronary Artery Disease Management.

[25] Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/index.html.

[26] Manitoba Health and Healthy Living – Physician Integrated Network website. Retrieved on March 27, 2009 from http://www.gov.mb.ca/health/phc/pin/fund.html.

[27] An indicator cluster is made up of a group of indicators that all relate to one chronic disease or health concern.

The clinics also collected some socio-demographic information including age at submission, gender, and date of most recent visit.

1.1.1 Challenges to implementation

All sites faced a number of challenges during Phase I PIN implementation, stemming from both project-related and external factors, which may have affected their achievement on various PIN indicators. For example, PIN indicators were being continuously modified throughout Phase I as sites were in the process of implementing changes. Challenges in retrieving data from external sources were also found throughout implementation (e.g., immunization data from Manitoba Information Management System). Clinics were also initially hesitant, given the uncertainty surrounding the sustainability of the demonstration project, to hire additional staff or make substantial PIN-related investments; this may have complicated practice change in the areas of data quality, space provision, and equipment needs.

In addition to the above challenges faced by PIN clinics generally, demonstration sites noted some clinic-specific challenges, though these issues may also apply more broadly. In particular, Dr. C.W. Wiebe Medical Centre in Winkler noted that change management was a significant challenge when communicating and following-up on changes with a large staff including 23 physicians. Agassiz Medical Centre noted that during the initial stages of Phase I, the centre dealt with the release of management staff and a lengthy vacancy of the position. The clinic also struggled with challenges utilizing the EMR in the manner required for PIN. Assiniboine Medical Clinic also experienced these EMR-related challenges, particularly in regards to data quality.

Steinbach Family Medical Center experienced physician attrition during Phase I, resulting in approximately a third of the clinic's patients having a change or loss of physician. This may have affected indicator data directly, as well as indirectly through reduced achievement by remaining physicians who, as a result of the attrition, carried greater workloads. Also, because of its designation as a control group, Steinbach FMC did not conduct any specific staff training on PIN during Phase I. The clinic did educate physicians about the nature of the data being collected but generally did not provide individualized data reports to physicians on their indicator achievement.

2.0 Methodology

This section outlines information about data collection and the calculation of indicators.

2.1 Data collection

Data was collected using either the Jonoke or Clinicare EMR systems. For each clinic, the medical records for all core patients (those who consider the physician to be their primary care provider) were maintained using the EMR systems, with each patient having only one record. All core patients have demographic information available.

In this report, EMR data were extracted for the Winkler and Steinbach clinics seven times, six times for the Morden clinic, and three times for Assiniboine Clinic.

Table 1 presents the data extraction dates by clinic.

Table 1: Total number of electronic medical records by clinic

Clinic	Submission date						
	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Winkler clinic	Sep 2007	Dec 2007	Mar 2008	Jun 2008	Sep 2008	Dec 2008	Mar 2009
Morden clinic	Apr 2008	Jul 2008	Aug 2008	Nov 2008	Jan 2009	Mar 2009	-
Assiniboine Clinic	Jul 2008	Oct 2008	Jan 2009	-	-	-	-
Steinbach clinic	Sep 2007	Dec 2007	Mar 2008	Jun 2008	Sep 2008	Jan 2009	Mar 2009

Note: The data of the times varied depending on the clinic.

Table 2 presents the total number of electronic medical records submitted by clinic.[28]

Table 2: Total number of electronic medical records by clinic

Clinic	Time 1	Time 2	Time 3	Time 4	Time 5
	N	N	N	N	N
Winkler clinic	15,047	15,293	15,419	15,721	15,245
Morden clinic	11,830	13,276	11,541	-	-
Assiniboine Clinic	33,282	33,218	-	-	-
Steinbach clinic	19,565	20,248	20,475	21,257	21,485

Note: The data of the times varied depending on the clinic.

2.2 Calculation of indicators

The document, "*Manitoba Health and Healthy Living: Information Management Guide, Version 1.42"*, outlines how the numerator and denominator for each of the individual indicators were calculated.[29] The proportion of patients who received screening, discussion, or testing was calculated using the numerator and denominator.

[28] This report only includes the first: five submissions for the demographic variables for the Winkler and Steinbach clinics, three submissions for the Morden clinic, and two submissions for Assiniboine Clinic.

[29] Government of Manitoba (2009). Manitoba Health and Healthy Living: Information management guide. V.1.42. Retrieved from http://www.manitoba.ca/health/phc/pin/docs/infomanageguide.pdf on May 4, 2009.

3.0 Main findings

This section presents the results of the analysis of the EMR over time.

Each of the following indicator data sets would ideally be interpreted with clinic-specific information regarding EMR challenges, data collection difficulties, etc. The authors of this report do not have access to these specific parameters, though some challenges are noted above in Section 1.1.1.

3.1 Profile of patients

About 55% of Winkler patients were female, while 45% were male. Patients' ages ranged from under one year old to 109 years old, with an average age of 34. Approximately two-thirds had visited the clinic within the last six months (see Table 3).

Table 3: Demographic variables – Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5
	(n=15,047)	(n=15,293)	(n=15,419)	(n=15,721)	(n= 15,245)
Gender					
Female	56%	55%	55%	55%	55%
Male	45%	45%	46%	45%	45%
Age at submission					
Under 18	30%	30%	30%	30%	31%
18 to 29	17%	17%	17%	17%	17%
30 to 44	19%	19%	19%	19%	19%
45 to 64	21%	21%	21%	21%	21%
65 and older	13%	13%	12%	12%	13%
Average age	34 years old	34 years old	34 years old	34 years old	34 years old
Length of time since last visit to clinic					
Within two weeks	7%	-	7%	-	7%
Within 1 month	19%	26%	22%	19%	23%
2 to 6 months	40%	37%	36%	44%	41%
7 to 12 months	19%	19%	16%	16%	18%
13 to 24 months	15%	16%	16%	15%	11%
More than 24 months	<1%	2%	4%	6%	<1%
Date not recorded	-	-	-	<1%	<1%
Average length of time	6.4 months	6.6 months	7.3 months	7.7 months	5.3 months

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

At the Morden clinic, about 59% of the patients were female, while 41% were male. Patients' ages ranged from under one year old to 109 years old, with an average age of 41. More than half had visited the clinic within the last six months (see Table 4).

Table 4: Demographic variables – Morden

	Time 1	Time 2	Time 3
	(n=11,830)	(n=13,276)	(n=11,541)
Gender			
Female	59%	58%	59%
Male	41%	42%	41%
Age at submission			
Under 18	21%	21%	21%
18 to 29	15%	15%	15%
30 to 44	19%	19%	19%
45 to 64	26%	25%	26%
65 and older	20%	20%	20%
Age unknown	<1%	<1%	-
Average age	41 years old	41 years old	41 years old
Length of time since last visit to clinic			
Within two weeks	4%	-	<1%
Within 1 month	20%	13%	16%
2 to 6 months	39%	37%	43%
7 to 12 months	24%	22%	23%
13 to 24 months	13%	27%	18%
More than 24 months	-	<1%	<1%
Average length of time	6.0 months	8.6 months	6.7 months

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

Approximately 53% of Assiniboine Clinic patients were female, while 47% were male. Patients' ages ranged from under one year old to 107 years old, with an average age of 51. About two-thirds had visited the clinic within the last six months (see Table 5).

Table 5: Demographic variables – Assiniboine

	Time 1	Time 2
	(n=33,282)	(n=33,218)
Gender		
Female	53%	53%
Male	47%	47%
Age at submission		
Under 18	6%	6%
18 to 29	12%	12%
30 to 44	18%	18%
45 to 64	36%	36%
65 and older	28%	28%
Average age	51 years old	51 years old
Length of time since last visit to clinic		
Within 1 month	10%	22%
2 to 6 months	56%	45%
7 to 12 months	18%	18%
13 to 24 months	15%	15%
More than 24 months	<1%	<1%
Average length of time	6.4 months	6.2 months

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

Approximately 56% of the Steinbach patients were female, while 44% were male. Patients' ages ranged from less than one year old to 104 years old, with an average age of 37. About two-thirds had visited the clinic within the last six months (see Table 6).

Table 6: Demographic variables – Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5
	(n=19,565)	(n=20,248)	(n=20,475)	(n=21,257)	(n=21,485)
Gender					
Female	56%	57%	57%	56%	56%
Male	44%	44%	44%	44%	44%
Age at submission					
Under 18	25%	25%	25%	25%	25%
18 to 29	17%	17%	17%	17%	17%
30 to 44	20%	21%	21%	21%	21%
45 to 64	24%	24%	24%	24%	24%
65 and older	15%	14%	14%	14%	14%
Average age	37 years old	37 years old	37 years old	37 years old	37 years old
Length of time since last visit to clinic					
Within two weeks	9%	-	5%	-	4%
Within 1 month	20%	26%	20%	18%	17%
2 to 6 months	38%	40%	40%	44%	39%
7 to 12 months	18%	17%	16%	17%	17%
13 to 24 months	15%	15%	15%	14%	14%
More than 24 months	<1%	2%	4%	6%	8%
Date not recorded	-	-	-	-	<1%
Average length of time	6.4 months	6.3 months	7.1 months	7.8 months	8.6 months

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

3.2 Prevention indicators

At the Winkler clinic, data were collected for 11 individual prevention indicators.[30] Over time, it appears that there were increases in many of the prevention or screening services provided to patients, in particular colon cancer screening, pneumococcal immunization, blood pressure testing, and obesity/overweight screening (see Table 7).

Table 7: Prevention indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Cervical cancer screening (n=5,104 to 5,427)	59%	59%	62%	63%	65%	65%	67%
Colon cancer screening (n=3,029 to 3,263)	17%	23%	32%	37%	43%	44%	48%
Breast cancer screening (n=1,381 to 1,515)	52%	51%	55%	54%	56%	57%	60%
Dyslipidemia screening for women (n=902 to 988)	85%	86%	88%	88%	89%	90%	92%
Dyslipidemia screening for men (n=2,053 to 2,233)	72%	73%	74%	75%	77%	78%	79%
Fasting blood sugar screening (n=3,029 to 3,263)	83%	77%	79%	79%	82%	83%	84%
Influenza immunization (65 or older) (n=1,893 to 1,965)	28%	28%	19%	23%	27%	23%	39%
Pneumococcal immunization (65 or older) (n=1,893 to 1,965)	-	10%	61%	61%	60%	61%	77%
Blood pressure testing (n=10,519 to 11,279)	63%	-	67%	68%	75%	75%	77%
Smoking cessation advice in public health care (n=462 to 1,091)	-	-	41%	51%	58%	49%	49%
Obesity / overweight screening (n=11,667 to 12,550)	29%	34%	43%	48%	58%	58%	58%

[30] There is no information available for the breast feeding education and advice on physical activity in public health care.

Similar to the Winkler clinic, data were collected for 11 individual prevention indicators at the Steinbach clinic.[31] Over time, it appears that there were increases in many of the prevention or screening services provided to patients, in particular colon cancer screening, breast cancer screening, pneumococcal immunization, and smoking cessation testing (see Table 8).

Table 8: Prevention indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Cervical cancer screening (n=6,808 to 8,105)	59%	61%	62%	61%	61%	61%	60%
Colon cancer screening (n=4,448 to 4,959)	14%	18%	20%	22%	25%	32%	34%
Breast cancer screening (n=2,037 to 2,311)	46%	60%	58%	58%	57%	58%	58%
Dyslipidemia screening for women (n=1,386 to 1,557)	88%	26%	38%	47%	56%	87%	87%
Dyslipidemia screening for men (n=2,992 to 3,332)	77%	18%	28%	34%	40%	75%	75%
Fasting blood sugar screening (n=4,448 to 4,959)	84%	83%	83%	82%	82%	80%	79%
Influenza immunization (65 or older) (n=2,729 to 2,970)	10%	-	-	-	<1%	2%	5%
Pneumococcal immunization (65 or older) (n=2,729 to 2,970)	-	-	2%	2%	2%	21%	25%
Blood pressure testing (n=14,075 to 16,078)	67%)	-	65%	63%	63%	65%	65%
Smoking cessation advice in public health care (n=945 to 1,060)	-	-	-	1%	6%	19%	28%
Obesity / overweight screening (n=15,482 to 17,650)	33%	32%	33%	32%	32%	33%	36%

3.3 Diabetes indicators

Data for the Winkler clinic were collected for seven diabetes indicators. Many of the proportions increased over time, in particular nephropathy screening, full fasting lipid profile screening, and obesity/overweight screening (see Table 9).

Table 9: Diabetes indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Hemoglobin A1c (n=549 to 662)	74%	75%	78%	74%	76%	75%	83%
Nephropathy screening (n=549 to 662)	43%	34%	46%	51%	58%	59%	66%
Fundoscopic exams (n=456 to 484)	-	-	-	-	<1%	<1%	19%
Foot exams (n=641)	-	-	-	-	-	-	19%
Full fasting lipid profile screening (n=379 to 471)	63%	64%	66%	70%	72%	74%	75%
Blood pressure testing (n=546 to 656)	87%	87%	91%	90%	92%	91%	93%
Obesity / overweight screening (n=546 to 656)	51%	60%	76%	81%	86%	80%	84%

[31] There is no information available for the breast feeding education and advice on physical activity in public health care.

A few of the diabetes indicators increased over time at the Morden clinic, including fundoscopic exams and foot exams (see Table 10). Obesity/overweight screening increased from time 1 to time 2, but stayed fairly stable for the remaining time periods.

Table 10: Diabetes indicators - Morden

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6
Hemoglobin A1c (n=362 to 404)	89%	89%	89%	90%	91%	90%
Nephropathy screening (n=362 to 404)	69%	76%	78%	80%	78%	76%
Fundoscopic exams (n=265 to 297)	22%	85%	99%	99%	91%	92%
Foot exams (n=361 to 403)	24%	48%	60%	62%	62%	84%
Full fasting lipid profile screening (n=263 to 292)	79%	83%	85%	86%	85%	84%
Blood pressure testing (n=361 to 403)	92%	94%	95%	95%	84%	84%
Obesity / overweight screening (n=361 to 403)	51%	82%	88%	84%	95%	95%

At Assiniboine Clinic, all diabetes indicators increased over time, in particular nephropathy screening, fundoscopic exams, foot exams, blood pressure testing, and obesity/overweight screening (see Table 11).

Table 11: Diabetes indicators – Assiniboine

	Time 1	Time 2	Time 3
Hemoglobin A1c (n=1,443 to 1,512)	74%	74%	76%
Nephropathy screening (n=1,443 to 1,512)	49%	55%	60%
Fundoscopic exams (n=1,069 to 1,121)	14%	18%	45%
Foot exams (n=1,441 to 1,511)	16%	5%	45%
Full fasting lipid profile screening (n=1,033 to 1,083)	68%	69%	72%
Blood pressure testing (n=1,441 to 1,511)	47%	58%	70%
Obesity / overweight screening (n=1,441 to 1,511)	40%	49%	61%

At the Steinbach clinic, a few of the diabetes indicators increased over time, including full fasting lipid profile screening and obesity/overweight screening (see Table 12).

Table 12: Diabetes indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Hemoglobin A1c (n=877 to 947)	-	71%	70%	68%	69%	74%	73%
Nephropathy screening (n=877 to 947)	46%	30%	34%	35%	38%	47%	46%
Fundoscopic exams (n=653 to 677)	-	-	-	-	-	1%	9%
Foot exams (n=893)	-	-	-	-	-	-	4%
Full fasting lipid profile screening (n=636 to 698)	20%	37%	48%	57%	59%	62%	61%
Blood pressure testing (n=871 to 941)	75%	77%	79%	78%	77%	78%	78%
Obesity / overweight screening (n=871 to 941)	39%	40%	43%	43%	45%	47%	50%

3.4 Hypertension indicators

Over time, many of the hypertension indicators increased at the Winkler clinic, in particular full fasting lipid profile screening and obesity/overweight screening (see Table 13).

Table 13: Hypertension indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Fasting blood sugar (n=1,907 to 2,021)	66%	57%	63%	62%	67%	63%	64%
Full fasting lipid profile screening (n=1,267 to 1,393)	51%	52%	59%	62%	68%	66%	64%
Test to detect renal dysfunction (e.g., serum creatinine) (n=1,907 to 2,021)	73%	74%	77%	77%	80%	80%	80%
Blood pressure testing (n=1,907 to 2,021)	88%	89%	92%	91%	93%	91%	93%
Obesity / overweight screening (n=1,907 to 2,021)	41%	53%	72%	77%	83%	79%	80%

Many of the hypertension indicators increased over time at the Morden clinic, in particular fasting blood sugar, full fasting lipid profile screening, and obesity/overweight screening (see Table 14).

Table 14: Hypertension indicators - Morden

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6
Fasting blood sugar (n=1,176 to 1,323)	68%	75%	77%	80%	79%	80%
Full fasting lipid profile screening (n=790 to 921)	63%	73%	76%	79%	79%	80%
Test to detect renal dysfunction (e.g., serum creatinine) (n=1,176 to 1,323)	83%	85%	87%	88%	88%	88%
Blood pressure testing (n=1,176 to 1,323)	88%	93%	94%	95%	95%	96%
Obesity / overweight screening (n=1,176 to 1,323)	45%	73%	81%	80%	77%	75%

Although data was only extracted three times for Assiniboine Clinic, it appears that a few of the hypertension indicators increased over time, in particular blood pressure testing and obesity/overweight screening (see Table 15).

Table 15: Hypertension indicators - Assiniboine

	Time 1	Time 2	Time 3
Fasting blood sugar (n=3,591 to 3,704)	62%	76%	67%
Full fasting lipid profile screening (n=2,451 to 2,542)	63%	66%	70%
Test to detect renal dysfunction (e.g., serum creatinine) (n=3,591 to 3,704)	75%	59%	78%
Blood pressure testing (n=3,591 to 3,704)	55%	64%	78%
Obesity / overweight screening (n=3,591 to 3,704)	48%	64%	71%

Within the hypertension indicators, there was not much change in the results at the Steinbach clinic over time; although full fasting lipid profile screening dropped in time 2 and time 3 (see Table 16).

Table 16: Hypertension indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Fasting blood sugar (n=3,196 to 3,605)	61%	61%	62%	59%	56%	62%	61%
Full fasting lipid profile screening (n=2,236 to 2,569)	55%	28%	41%	50%	52%	55%	55%
Test to detect renal dysfunction (e.g., serum creatinine) (n=3,196 to 3,605)	63%	62%	63%	62%	62%	66%	65%
Blood pressure testing (n=3,196 to 3,605)	80%	81%	81%	80%	79%	81%	80%
Obesity / overweight screening (n=3,196 to 3,605)	41%	41%	42%	42%	43%	47%	49%

3.5 Asthma indicators

Consistently over time, few patients at the Winkler clinic received asthma control and self-care plan (see Table 17). Data on emergency department visits for asthma was not collected/recorded.

Table 17: Asthma indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Asthma control (n=461 to 513)	<1%	1%	<1%	<1%	<1%	17%	<1%
Patients with self-care plan (n=461 to 513)	-	1%	5%	1%	1%	2%	2%

In Steinbach, there was no change over time in the number of patients who received asthma control (see Table 18). Data on emergency department visits for asthma and patients with self-care plans were not collected/recorded.

Table 18: Asthma indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Asthma control (n=981 to 1,122)	1%	1%	1%	1%	1%	2%	2%

3.6 Congestive heart failure indicators

Over time at the Winkler clinic, there were increases in many of the congestive heart failure indicators, in particular obesity/overweight screening, full fasting lipid profile screening, and blood pressure testing (see Table 19). Data on emergency department visits for congestive heart failure was not collected/recorded.

Table 19: Congestive heart failure indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Obesity / overweight screening (n=181 to 269)	36%	47%	65%	69%	73%	66%	81%
ACE inhibitor as first-line treatment (n=181 to 268)	-	89%	88%	88%	90%	55%	90%
Full fasting lipid profile screening (n=51 to 68)	29%	36%	46%	50%	61%	50%	66%
Blood pressure testing (n=181 to 269)	80%	79%	90%	86%	89%	82%	93%
Fasting blood sugar (n=181 to 269)	71%	46%	61%	57%	64%	59%	71%

Results for the Steinbach clinic are similar to the Winkler clinic, with many of the congestive heart failure indicators increasing over time, in particular obesity/overweight screening, full fasting lipid profile screening, and blood pressure testing (see Table 20). Data on emergency department visits for congestive heart failure was not collected/recorded.

Table 20: Congestive heart failure indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Obesity / overweight screening (n=185 to 299)	20%	22%	23%	24%	25%	32%	41%
ACE inhibitor as first-line treatment (n=185 to 248)	-	77%	76%	76%	78%	79%	81%
Full fasting lipid profile screening (n=57 to 79)	45%	36%	47%	56%	50%	57%	60%
Blood pressure testing (n=185 to 299)	59%	64%	64%	64%	63%	68%	74%
Fasting blood sugar (n=185 to 299)	58%	67%	65%	62%	66%	67%	65%

3.7 Coronary artery disease indicators

Some of the coronary artery disease indicators increased over time at the Winkler clinic, including full fasting lipid profile screening and obesity/overweight screening (see Table 21). Fasting blood sugar decreased between time 1 and time 2, and then remained fairly stable for times 3 to 7.

Table 21: Coronary artery disease indicators - Winkler

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Fasting blood sugar (n=356 to 440)	75%	59%	67%	65%	67%	67%	68%
Full fasting lipid profile screening (n=179 to 214)	58%	58%	65%	66%	74%	72%	73%
Blood pressure testing (n=356 to 440)	87%	86%	92%	91%	92%	91%	96%
Obesity / overweight screening (n=356 to 440)	41%	56%	75%	81%	85%	79%	86%
Lipid reduction counselling (n=58 to 67)	-	100%	73%	84%	83%	80%	77%
Beta blockers (n=93)	-	-	-	-	-	98%	72%

At the Morden clinic, most coronary artery disease indicators did not change much over time; however, obesity/overweight screening increased from time 1 to time 2 (see Table 22). Due to small sample sizes for lipid reduction counselling and beta blockers indicators, results across time cannot be analyzed.

Table 22: Coronary artery disease indicators - Morden

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6
Fasting blood sugar (n=96 to 117)	70%	73%	74%	73%	71%	76%
Full fasting lipid profile screening (n=47 to 64)	85%	92%	91%	88%	84%	82%
Blood pressure testing (n=96 to 117)	93%	93%	95%	93%	94%	96%
Obesity / overweight screening (n=96 to 117)	49%	71%	78%	80%	73%	71%
Lipid reduction counselling* (n=1 to 6)	100%	100%	100%	100%	100%	100%
Beta blockers* (n=8 to 18)	50%	56%	56%	56%	64%	67%
* Caution should be used when analysing these results, as the sample size is small.						

In Steinbach, the proportion of patients who received obesity/overweight screening increased over time (see Table 23). Full fasting lipid profile screening dropped from time 1 to time 2 and then gradually increased over time, while lipid reduction counselling decreased in time 7 compared to earlier data.

Table 23: Coronary artery disease indicators - Steinbach

	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7
Fasting blood sugar (n=565 to 655)	70%	71%	70%	68%	67%	73%	72%
Full fasting lipid profile screening (n=319 to 377)	68%	35%	51%	61%	66%	70%	73%
Blood pressure testing (n=565 to 655)	82%	83%	82%	83%	82%	83%	85%
Obesity / overweight screening (n=565 to 655)	37%	38%	38%	39%	41%	48%	54%
Lipid reduction counselling (n=127 to 146)	-	-	68%	68%	68%	64%	41%
Beta blockers* (n=27)	-	-	-	-	-	-	81%
* Caution should be used when analysing these results, as the sample size is small.							

4.0 Summary

Below is a summary of key findings among the indicator clusters:

Prevention indicators. A total of 11 individual prevention indicators were recorded at the Winkler and Steinbach clinics. Over time, it appears that at both clinics there are increases in many of the services provided to patients such as prevention screening, discussion, or testing, in particular colon cancer screening, and pneumococcal immunization, which increased at both clinics.

Diabetes indicators. A total of seven individual diabetes indicators were recorded at the Winkler, Steinbach, Morden, and Assiniboine clinics. At Assiniboine Clinic, nearly all of the diabetes indicators increased over time. At the Winkler, Steinbach, and Morden clinics, only a few of the indicators increased over time.

Hypertension indicators. A total of five individual hypertension indicators were recorded at the Winkler, Steinbach, Morden, and Assiniboine clinics. At the Winkler and Morden clinics, many of the hypertension indicators increased over time, in particular full fasting lipid profile screening, and obesity/overweight screening, which increased at both clinics. Assiniboine Clinic had a few hypertension indicators that increased over time. There appeared to be no change at the Steinbach clinic over time, in terms of hypertension screening, discussion, or testing provided to patients.

Asthma indicators. Consistently over time, few patients at the Winkler and Steinbach clinics received asthma control services, while few patients at the Winkler clinic had self-care plans.[32]

Congestive heart failure. A total of five individual congestive heart failure indicators were recorded at the Winkler and Steinbach clinics. Results in the Winkler and Steinbach clinics were similar, with many of the congestive heart failure indicators increasing over time, in particular obesity/overweight screening, full fasting lipid profile screening, and blood pressure testing, which increased in both clinics.

Coronary artery disease indicators. A total of six individual coronary artery disease indicators were recorded at the Winkler, Steinbach, Morden, and Assiniboine[33] clinics. At the Winkler clinic, some of the coronary artery disease indicators increased over time, including full fasting lipid profile screening and obesity/overweight screening. Fasting blood sugar decreased between time 1 and time 2, and then remained fairly stable for time 3 to time 7. In Steinbach, the proportion of patients who received obesity/overweight screening increased over time, while full fasting lipid profile screening dropped from time 1 to time 2 and then gradually increased over time. Lipid reduction counselling decreased in time 7 compared to earlier data. Most coronary artery disease indicators at the Morden clinic did not change much over time; however, obesity/overweight screening increased from time 1 to time 2.

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[32] Patients' self-care plan was not recorded at the Steinbach clinic.

[33] The results for Assiniboine Clinic were only available for one time period; therefore, a comparison of results over time is not available.

Appendix C

Post-implementation interview report

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EVALUATION OF THE PHYSICIAN INTEGRATED NETWORK (PIN): PHASE I

ANALYSIS OF POST-IMPLEMENTATION INTERVIEWS

July 15, 2009

Prepared for:

Manitoba Health and Healthy Living

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1.0 Introduction

The PIN Evaluation Plan was developed to measure the impact of the Physician Integrated Network (PIN) initiative on patient care and provider satisfaction, with reference to the identified PIN objectives within the context of primary care renewal in Manitoba and Canada.

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 for all primary care providers
- To demonstrate high quality primary care with a specific focus on chronic disease management[34]

The PIN Evaluation Plan was developed in collaboration with the PIN Team and Dr. Alan Katz of the Department of Family Medicine, University of Manitoba.

The Evaluation Plan is linked to the PIN objectives:

- Improving access evaluated by a patient survey.
- Improving provider work life evaluated by a provider survey.
- Demonstration of high quality primary care evaluated by tracking quality process indicators (CIHI primary care indicators) through EMR data.
- Improving access to and use of information evaluated through all of the above.

Qualitative interviews with providers before and after the implementation of PIN will be used to help guide the future direction of the initiative. This report presents the findings of the Phase I post-implementation qualitative evaluation portion of the Evaluation Plan.

The goals of the Phase I post-implementation qualitative evaluation were:

- To document stakeholder impressions of and experiences with the implementation of the PIN project.
- To determine stakeholder impressions and opinions of the PIN initiative thus far.
- To gather stakeholder input on the primary health care renewal issues that PIN has or has not addressed.

The remainder of the report is structured as follows: Section 2.0 outlines the methodology used to conduct the qualitative evaluation. Section 3.0 provides a brief overview of the key findings of the post-implementation interviews and the similarities and differences between pre-intervention and post-implementation results. More detailed post-implementation interview findings are included in Tables 1 through 6 in Annex 1. Section 4.0 summarizes the report findings and includes lessons learned from Phase I that can help to guide PIN implementation at additional sites during Phase II.

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[34] Manitoba Health. (n.d.). Physician Integrated Network (PIN). Retrieved February 20, 2009 from www.gov.mb.ca/health/phc/pin/index.html.

2.0 Methodology

A total of 14 semi-structured interviews were conducted in March and April 2009 with 15 PIN stakeholders and decision makers, including general physicians and clinic administrators from the three PIN demonstration practices and one control site, and representatives from the three regional health authorities (RHAs) involved. The Phase I PIN demonstration sites included Agassiz Medical Centre (Morden), Assiniboine Medical Clinic (Winnipeg), and Dr. C. W. Wiebe Medical Centre (Winkler). The control site was Steinbach Family Medical Center (Steinbach). RHAs included Regional Health Authority Central Manitoba (RHA Central) and Winnipeg Regional Health Authority (WRHA). The RHA for the control site was South Eastman Health.

Separate interview guides were developed for each interviewee type. The post-implementation interview guide was modelled after the pre-intervention version developed by Dr. Alan Katz. The pre-intervention and post-implementation interview guides are located in Annex 2. Stakeholders from demonstration sites and related RHAs responded to the post-implementation questions, while control site stakeholders completed pre-intervention questions related to the site's enrolment in PIN Phase II. This report outlines the findings of the post-implementation interviews, and briefly compares these findings to the results of the pre-intervention interviews conducted prior to Phase I; it does not cover the Phase II pre-intervention interviews.

The aim of the research was to interview the clinic administrator, lead physician, and one other physician at each practice. For post-implementation interviews, attempts were made to interview the same individuals who took part in pre-intervention interviews. This was possible in all but three cases: two instances where participants were no longer employed at previous positions and one where scheduling complications did not permit a follow-up interview.

PRA researchers met with nine of the interviewees in person at the clinics and regional offices. Six interviews were conducted by phone where inclement weather conditions, distance, and scheduling conflicts prohibited in-person meetings. Interviews were recorded by digital voice recorder with the exception of two interviews where the participants declined recording; handwritten notes were taken by the interviewer in these cases. Digital recordings were transcribed.

Interview notes were reviewed and coded according to key issues and themes by participant group. These issues are outlined in tabular format to facilitate comparison with the pre-intervention interview report, which was structured in a similar fashion. Tables 1, 2, and 3 contain the key issues and themes identified by clinic stakeholders in the post-implementation interviews, followed by stakeholder input supporting each issue or theme. Tables 4, 5, and 6 contain the key post-implementation issues and themes as identified by RHA representatives. Tables 1 through 6 are included in Annex 1.

3.0 Results

This section briefly outlines the findings of the post-implementation interviews and compares them to the results of the pre-intervention interviews. More detailed post-implementation interview results can be found in Annex 1.

3.1 Post-implementation interviews

Post-implementation interviews indicated that interviewees believed PIN has the right focus by targeting practice change at the primary care level to improve chronic disease management and provide more comprehensive care to patients. Some mentioned the importance of upstream focus and funding allocation, to shift the focus from acute care to prevention of chronic disease, thereby lessening strain on the health care system in the long term.

Clinic stakeholders attributed their interest in participation largely to the desire to be involved in shaping the process of inevitable change in primary health care in the province. Initial receptiveness to the project was generally positive among interviewees. Receptiveness and buy-in from other clinic stakeholders at the participating sites were positively influenced by the enthusiasm and commitment of 'champion' physicians for the project. For the most part, interviewees continued to be positive regarding the initiative, though a few had some mixed views. Reportedly, there did continue to be some difficulty obtaining buy-in from certain physicians.

Participating sites implemented several changes in clinic practice, processes, and work flows in pursuit of PIN objectives. Post-implementation opinion on PIN and its outcomes was largely positive, with interviewees emphasizing the benefits of access to allied health care providers (AHCPs), access to and use of information, the provision of consistent and comprehensive care, and collaboration.

There was overwhelmingly positive feedback on the integration of AHCPs into primary health care settings. A noted PIN strength was that it allowed clinics to retain AHCPs they could not have hired under a straight fee-for-service (FFS) funding model. According to stakeholders, patient care and follow-up were improved through access to on-site AHCPs, because AHCPs were able to spend more time with patients than could physicians; on-site AHCPs had access to patients' EMR data and could work collaboratively with physicians to ensure proper treatment; and patients were more likely to follow recommendations to see on-site AHCPs. Other AHCPs that interviewees believed would make useful additions to clinics included nurse practitioners, pharmacists, and mental health counsellors. Access to AHCPs, then, was considered an important success of PIN. Access to physicians, however, was reportedly largely unaffected by PIN.

Stakeholders reported that PIN-related information management practices improved physician knowledge of and adherence to guidelines and standards. There was near consensus among physicians that flags and reminders during patient visits were helpful to ensuring consistency of care. PIN also improved follow-up, by requiring physicians to enter dates on which recommended actions were taken. Most interviewees agreed that quick access to information did indeed improve patient care. A few stakeholders, however, cautioned against the potential for

reductionism and 'tick-box mentality' during patient visits. Regular feedback to physicians on their PIN compliance was considered useful for the purposes of self-evaluation and encouraging improved performance.

There were also a few unintended or unexpected impacts of PIN. Firstly, spin-off education from treated patients in smaller urban centres brought in greater numbers of patients requesting similar tests and procedures. Secondly, increased testing overloaded capacity at regional laboratories for one of the RHAs involved, creating lengthy wait times. This was remedied to some extent with increased funding for additional phlebotomy services. Collaborative advance planning between the RHA and PIN sites helped the region to prepare for the eventuality of capacity overload.

According to clinic stakeholders, PIN increased their workload, in some cases substantially, particularly for champion physicians and administrators involved heavily in PIN implementation. This was especially true at clinics utilizing Clinicare software, where interviewees expressed frustration with time-consuming IT problems related particularly to data extraction. The workload of physicians generally was increased through the addition of extra items to patient visits and the need to review more test results. Some stakeholders believed that workload and work-life balance might improve after project implementation, while others did not foresee any future change.

Participating in the PIN initiative did not financially impact most stakeholders individually in either a positive or negative way, though some commented on the hypothetical cost of the additional time spent on PIN by stakeholders who did not charge for their time. There were benefits at the clinic level, such as the addition of a new server and software upgrades that would not have been possible without PIN funding. However, stakeholders tended to agree that PIN funding was not sufficient incentive to take part in the initiative, and that future clinics would need to see further benefits to the initiative that would make their participation worthwhile. There was some concern over the reliance on solely QBIF funding for Phase II, which would complicate budgeting. A few interviewees mentioned the potential benefits of integrating nurse practitioners into clinics, including reducing physician workload, but did not consider the addition of an NP to be feasible under the current funding model, where predictions, to be safe, must be based on minimum compliance levels.

There was unanimity around the benefits of collaboration among those involved in the PIN initiative, including physicians and clinic administrators, RHAs, and Manitoba Health and Healthy Living. Clinic stakeholders appreciated the opportunities to develop relationships and share best practices with counterparts at other clinics. Stakeholders also appreciated the good will and commitment to primary care on the part of Manitoba Health and Healthy Living, especially in light of historically contentious relations between the province and FFS family physicians. RHA representatives commented that PIN in many ways successfully engaged family physicians, which aided regions in the achievement of their objectives. RHA representatives acknowledged PIN as a family physician initiative, and were generally pleased to be involved in collaborative efforts. Positive relationships fostered during joint PIN planning also extended into other areas of regional planning. While collaboration between clinics and Manitoba Health and Healthy Living was considered strong, there was reportedly some room for improvement in terms of greater RHA involvement.

Autonomy and flexibility were other important strengths of the initiative. Clinic stakeholders were glad they were able to decide at the clinic level which areas to target and how to allocate PIN funding to best reach their objectives, and that the initiative allowed for different approaches to be trialled. However, some stakeholders commented that more guidance and assistance with IT issues would have smoothed PIN implementation.

There was some debate around the appropriateness of certain PIN indicators. Some stakeholders pointed out that indicators did not measure the quality of the intervention, only whether it occurred or not; and that they relied on arbitrary start and end points, which could create artificiality or encourage unnecessary testing. A few stakeholders stated that clinics should not be penalized if patients do not follow up on physician recommendations. Some also noted that the time frame of the PIN evaluation did not leave sufficient time to demonstrate or detect noticeable differences in health outcomes.

In terms of transferability to future clinics, interviewees agreed that having an EMR system was essential. They cautioned that it would be more difficult to engage smaller clinics, or those without an EMR system. They also advised that, compared to Phase I, greater IT support and direction should be provided to clinics signing on to later phases of PIN. A few stakeholders pointed out the potential to include small or single-physician practices in PIN through the use of virtual groups linked to EMR systems at larger clinics. RHA representatives voiced concern regarding the applicability of the PIN model to larger urban centres such as Winnipeg.

3.2 Comparison with pre-intervention interviews

The key issues and themes found in the post-implementation interviews were generally consistent with those identified in the pre-intervention interviews. For example, interviewees spoke of similar conditions for the transferability of PIN to potential future clinics, including EMR capability and the clinic size and capacity to support it.

Interviewees were mainly positive towards the project in both pre and post interviews. They repeated similar incentives for participation in post interviews as they had given at the start of the initiative, including a desire to be in the forefront of change and shape the process that would be inevitably rolled out province-wide.

IT complications were mentioned in both pre and post interviews. During pre-intervention interviews, IT issues were primarily confined to the intervention implementation process; in post-implementation interviews, however, IT difficulties permeated several aspects of the initiative and in a few cases negatively impacted stakeholders' overall opinion of the project.

Post-implementation interviews showed less concern about difficulty recruiting and integrating AHCPs into clinic practice, and more enthusiasm for the inclusion of AHCPs in a collaborative and multidisciplinary approach to comprehensive primary care. There was also less concern in post-implementation interviews about practice becoming reductive or overly focused on standards at the expense of a more comprehensive understanding of the patient's needs. In general, physicians said they appreciated reminders that ensured they adhered to guidelines, and believed that patient care was becoming increasingly consistent as a result. There was acknowledgement that prior to PIN, physicians might sometimes have missed certain non-urgent items during patient visits (e.g., diabetic foot exams), especially on busy days.

In pre-intervention interviews, some stakeholders said they believed the initiative would improve patient access to family physicians, though others had doubts. The general consensus in post-implementation interviews was that the initiative had not succeeded in improving access to family physicians, though access to AHCPs had been enhanced and patient care had therefore improved. Similarly, there was some pre-intervention optimism that the initiative would successfully reduce physician workload and improve work-life balance. Post-intervention interviews for the most part indicated that workload had increased as a result of PIN and work-life balance had not improved. However, some interviewees were hopeful that the situation would improve as the project moved past the implementation and early phases. Stakeholders from sites that experienced recurrent IT frustrations tended to be more likely to express disappointment with increased workload as a result of PIN, though interviewees from all sites indicated that certain aspects of PIN were very time-consuming.

Post-implementation interviews included substantially less mention of marginalization of family physicians or political tensions and mistrust between the province and family physicians than was apparent in pre-intervention interview findings, and substantially more mention of positive collaboration among various stakeholders. Enhanced collaboration was considered to be one of the major strengths of the PIN initiative. Increased reference to collaboration was particularly noticeable among clinic stakeholders; RHA representatives had identified the importance of improved connections and communication with family physicians in pre-intervention interviews.

Post-implementation interviews also highlighted urban/rural differences to a greater extent, primarily from the point of view of RHA representatives. While concerns regarding the applicability of PIN to urban sites were raised briefly during pre-intervention interviews, they were reiterated and emphasized during post-implementation interviews. There was also mention of the limited scope of PIN and some concern that the initiative would have a negligible impact in Winnipeg because it was implemented at only one city-based site.

4.0 Summary

This section briefly summarizes the interview findings and highlights lessons learned from Phase I that can be used to guide PIN implementation during Phase II.

- Interviewees believed PIN had the right focus by targeting practice change at the primary care level to improve chronic disease management and provide more comprehensive care to patients. Clinic interest in participation was due largely to the desire to be involved in shaping the process of inevitable change in primary health care in the province.
- Participating sites implemented several changes in clinic practice and processes. Post-implementation opinion on PIN and its outcomes was largely positive, with interviewees emphasizing the benefits of access to allied health care providers (AHCPs), access to and use of information, the provision of consistent and comprehensive care, and collaboration.
- Feedback on the integration of AHCPs into primary health care settings was overwhelmingly positive. Interviewees believed that patient care and follow-up were improved through access to on-site AHCPs. Access to physicians, however, was reportedly largely unaffected by PIN.
- Stakeholders reported that PIN-related information management practices improved physician knowledge of and adherence to guidelines and standards, and that reminders during patient visits were helpful to ensuring consistency of care.
- According to clinic stakeholders, PIN increased their workload, in some cases substantially. This was especially true at clinics that experienced time-consuming IT problems related to data extraction.
- Participating in the PIN initiative did not financially impact most stakeholders individually in either a positive or negative way, but there were recognized improvements at the clinic level that would not have been possible without PIN funding. Stakeholders agreed that PIN funding was not sufficient incentive on its own to take part in the PIN initiative, and there was some debate around the appropriateness of certain PIN indicators.
- There was unanimity around the benefits of collaboration among the various stakeholders involved in the PIN initiative. Clinic stakeholders appreciated the opportunities to develop relationships and share best practices with counterparts at other clinics.
- Compared to pre-intervention interviews, the key issues and themes found in the post-implementation interviews were generally consistent. Interviewees were mainly positive towards the project in both pre and post interviews.
- Pre-intervention interviews showed more optimism regarding improvements in access to physicians and physician work-life balance, while the general consensus in post-implementation interviews was that the initiative had not yet succeeded in these areas.
- Post-implementation interviews showed less concern about recruiting and integrating AHCPs, and more enthusiasm for the inclusion of AHCPs in primary care; less concern about practice becoming reductive, and more appreciation for PIN reminders and consistency of care; and less mention of political tension and mistrust between the

province and family physicians, and more mention of positive collaboration among various stakeholders.

- Post-implementation interviews also highlighted urban/rural differences to a greater extent and questioned the applicability of the PIN model to urban sites.

Several insights and recommendations for Phase II implementation can be drawn from stakeholder interviews:

- Continue to base PIN on the principles of flexibility and autonomy, and allow clinics to approach implementation as they see fit.
- Ensure that recommended EMR systems and vendors meet necessary criteria.
- Provide more direction and support to clinics for IT implementation.
- Create opportunities for clinics to benefit from enhanced communication and collaboration with counterparts and other stakeholders to encourage engagement in the PIN process.

Stakeholder input also contained recommendations for the PIN initiative in general:

- Stay committed to the PIN initiative and keep it high on the provincial agenda.
- Maintain positive linkages developed among clinic stakeholders, RHAs, and Manitoba Health and Healthy Living.
- Expand the PIN initiative by recruiting more clinics from across the province, especially Winnipeg.
- Increase the number of indicators used at each clinic.
- Sustain ongoing dialogue with all stakeholders regarding appropriate measures and indicators.
- Explore options to enable smaller clinics without EMR capacity to participate in PIN.
- Consider alternate funding schemes that could feasibly accommodate the integration of nurse practitioners.

Annex 1

Tabular interview results

Post-implementation interview results

Table 1: Clinic stakeholder descriptions of PIN implementation process	
Subject	**Theme**
Incentives for participation	**Innovation / change** • To be in the forefront of initiative. • To be able to influence the evolution of PIN before it is rolled out provincially. • Better to be part of PIN from the beginning, to have influence on the process, since it is inevitable. • Group had desire to find better ways of doing things and PIN has potential to be positive venture. **Proactive** • To be in forefront of developing and modifying something new in the system that would be impacting clinics in a major way. • Clinic wants to play a role in shaping standards of family practice across Canada. • All provinces are heading that direction in primary health care, and this approach will be inevitable. Better to get involved now and be ahead of the game, to help to shape the initiative. PIN will position Manitoba well for when the approach is taken everywhere. • Other provinces are ahead of Manitoba on similar initiatives addressing primary care. **Quality of care** • The clinic supports the four objectives that were identified by PIN. • The hope was to improve the health care of patients. • The incentive was greater access to allied health care professionals that the clinic cannot afford to provide in a fee-for-service model. • The inclusion of allied health professionals in primary care is the way medicine should be practiced. • The clinic thought that health care needed a greater focus on primary care. • Opportunity to get involved in primary health care. • Putting the focus and emphasis on improving chronic disease management was timely. Certainly there were opportunities to enhance care delivery. **Collaboration** • It is important to work with the government. • Collaboration with other clinics is a key motivator for PIN involvement. **Work-life balance** • One of the selling features was the improvement of the physicians' work life. **General** • It sounded like an interesting initiative. • The clinic saw it as an opportunity.
Disincentives for participation	**Cost / feasibility** • Concern the clinic would take a big financial hit from the extra work. • Concern that not much would come out of it cost-wise because of the extra time and costs required. **Impact** • Question about how beneficial it really would be. **Sustainability** • Concern PIN would be a short-term project. • Concern the project would not get government support to continue over the period of time required to evaluate the project properly. A one-year project is not long enough to demonstrate success. • Concern PIN could become another pilot project that died and nothing would come of effort put in. **Loss of autonomy** • PIN involves other people looking into physicians' work and there was a question of whether there would be rigid criteria or a hidden agenda. **Time** • Major reservation was about workload and extra time. There was concern that the project would slow down the clinic with too many forms. • Reservation about the amount of extra time it was going to take. Time is money.

Table 1: Clinic stakeholder descriptions of PIN implementation process	
Subject	**Theme**
Receptiveness	**Enthusiasm** • Response was very positive. • All physicians are willing and participating. • No negative feedback at all. **Mixed response / uncertainty** • It is beneficial but there are still differing takes by the physicians. • Physicians with more established practices tended to be more enthusiastic about PIN than newer physicians, perhaps because they are more familiar with problems in primary care and with collaborative approach to addressing them. • Physicians do not like change. • Physicians generally do not like to do poorly when they are being evaluated, so there was hesitation about being tracked and scored. • There was some question about the amount of time and effort that would be required, but everyone was willing to participate. • Some concern physicians and colleagues had not bought in. • There was a reservation regarding whether there was good will on the part of stakeholders including Manitoba Health and the RHA.
Challenges in implementation process	**Productivity** • Large meetings with several entities are not always useful or productive. **Time** • The development is taking a lot more time than expected. • Lead physician spends significant amount of time on it. Other physicians also spend extra time entering information into the system. • It will take a bit of time for everyone to get their practice completely involved. **IT issues** • There have been IT challenges. It is time-consuming to gather all the indicators. • It takes time to run data extracts, and they did not always work. • Clinicare software has limitations. Some features are not automatic and are too manual. **General** • It is expected in a pilot project that everything will go wrong before anything starts going right. It will take years to get all the kinks worked out. Groups that join a few years from now will have a much easier time of it because everything will be set up and ready to go.
Experiences with implementation process	**Focus areas** • Clinic members considered list of areas, analysed practice numbers, and chose areas where changes would be most significant. **Good will** • A lot of good will comes from different professions. **Support** • PIN organizers were very helpful and supportive. **General** • Year one has gone as well as anyone could have expected.

Table 2: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
IT intervention implementation process	**Time** • Software program is not accomplishing the functions needed, and it is time-consuming for physicians to use, which ultimately means costly. • Clinic spent a lot of time modifying program to minimize the number of screens required. • It takes a lot of time because information has to be re-entered from charts. It would take less time with new patients. • Data extraction using Clinicare software required a lot of work. • Work on IT issues at Manitoba Health moves at a slow pace. • PCISS involvement has required a lot of time. **Responsibility** • Lead physician does much of the software design. It helps to have lead physician in this role, because of familiarity with how software is used. • Beneficial if lead physician likes and understands IT. • Lead physician is in best position to explain and sell computer changes to other physicians. • Clinic's IT person spent a lot of time on PIN. • The clinic hired a data entry person to assist with PIN. **Support** • Manitoba Health did not provide adequate IT support. • Not enough expertise within PCISS or CR Systems to assist with ongoing software issues. • There has been changeover in IT personnel at Manitoba Health, which creates challenges. **Cumbersome** • Data extracts are run in the evening because they slow down the entire system. • Clinicare system requires physicians to open up several specific flow sheets. **Data validity** • Project has highlighted how screening items are not always practical or fit with all patients, but screening is required to meet the criteria. • Demonstrates how general rules do not always apply to everyone, and exceptions are sometimes difficult to apply. • Doing more of what should be done for most people but also doing more that maybe should not be done for some people. **Transition** • EMR was in place already so just required adapting it to new requirements. Modifying it was manageable and understandable. • Had EMR already, so migrated to new version of software. There was some hesitancy because of change, but everyone does like the changes. **Data entry** • Learned correct data entry method for capturing required information, specific to type of EMR used. • Changed documentation method in order to find and extract data more easily, which will allow messages to be sent out more quickly.
Practice intervention implementation process	**Recruitment** • Clinic did not hire a lot of new people for PIN because it was initially identified as a one-year project. **Case management** • Physician is adding items that have to be fit into the visit, on top of reasons for patient visit. • There are more results coming in. There are additional people to help with that, but there are a lot more results. It is not straightforward. **Change management** • Change is hard for people, and it must be introduced slowly. Change management concerns how to roll out new processes to all physicians in clinic. **Trial and error** • Clinic tried different approaches. Some were more successful than others. Changed procedures and approaches to try new methods. **Patient education** • Patients must be educated that the delivery of primary care will look different, and this takes time. Patients often have clear expectations for what they think primary care should involve. E.g., patients may not feel they are receiving the same level of care if they see a nurse instead of a doctor.

Table 3: Clinic stakeholder perceptions of PIN initiative

Subject	Theme
Impact on work	**Work flow / processes** • Work flow has changed. Procedures have changed because of the need to collect indicator data and the desire to shift as much data entry work to administrative staff. • Hired a staff member who identifies, prior to appointment, if patient is overdue for PIN item. • Instituted reminder systems (e.g., pap test, eye exam). • Optometrists now forwarding information on diabetics, at clinic's request. • Best practices from other PIN clinics identified during clinic visits, and incorporated into clinic management and practice. • There was a lot of work required of the clinic administrator. Because of project continuation, the clinic has made internal changes to delegate some administrative roles among staff. If the project continues longer term, further steps will be taken to spread the administrative responsibilities. **Compliance** • Clinic is pleased with significant gains in compliance statistics for the first year. • Change in practice is that physicians now check to see if they are compliant on PIN issues. • Statistics for physicians are pretty good. • Some physicians have significantly changed practice; others have not. Some make efforts to document better, some track reluctantly but do not review their statistics to see if they are improving, and others are even less involved. • There are some variances from physician to physician, depending on practice type. A practice with older patients, and lots of responsibility for chronic disease, may take longer to get up to speed. • Gentle persuasion is used to encourage physicians to complete PIN issues. Feedback on flow sheets is given to physicians on regular basis. Completion rates are high. **Reductive / prescriptive** • Care taken to avoid focusing so much on indicators that point of visit is missed. Ticking boxes is not necessarily looking after patients. • Concern about tick box mentality, that physicians will be so worried about checking boxes for indicators that reason for visit will get lost. This is not necessarily how physicians want to practice medicine. **Awareness** • Increased awareness of different approaches among PIN group as well as others. **Standards of practice** • It helps to remind people about different guidelines and to order certain things. • It has made physicians more aware of screening issues and screening criteria. • Seeing the reminder is a change. It prompts you to not ignore these things. It is a good thing. • Initial goal was to establish standards of care for patients with chronic diseases, and PIN has accomplished this quite well. • Guidelines for diabetics and hypertension are well-known and practiced, but there is some variation in standards for chronic diseases, so PIN is helpful in this regard. **Workload** • Physicians think it is a lot of work. • PIN has not addressed physician workload. Workload has gone up. • Have not been able to reduce workload as a result of PIN. • PIN increased workload significantly for clinic administrator and lead physician. • PIN creates work. • Additional work is required to call up extra screens. • Nurses assist with PIN work to some extent. • While allied health professionals can assist somewhat with workload, patients continue to see physicians for other issues and it can be difficult to limit appointments to specific issues. • Clinic has been cautious to shift as much administrative work as possible (e.g., data entry, generating letters, inputting results) to other staff. • PIN is still a bit of a hard sell to physicians because they see it as additional work. • The underlying concern was around burnout, and the goal was to simplify processes and make the day run smoother, more than reducing workload per se. It has not had the intended effect in this area. • There is no noticeable change in workload, though project start-up required more time. • It was more work because it was a pilot. There were numerous meetings to attend regarding flow sheets, charts, and touring clinics. • Workload may improve as the project proceeds, once implementation is complete.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
	Work-life balance • PIN has not to this point addressed physician work-life balance. • Most of our physicians do not want to change their practice drastically. • Work-life balance is often addressed by adding additional staff, which is a strategy better suited for a project longer than one year. • The inability to meet this PIN goal is the one disappointing aspect of PIN. • PIN has in fact been a detriment to work-life balance, because software difficulties make it more difficult to complete PIN requirements and physicians are taking evenings or weekends to do so. **Time** • Concern that indicators for Phase II will require a lot of work to gather. Phase I indicators were manageable. • Physicians generally have same number of patients, but spend somewhat more time. • Much administrative time was spent on PIN, and situation is not likely to improve. • Minor improvement in freeing up physician time through the use of allied health care professionals. • PIN requires time away from the office, at meetings, etc. It is not onerous, but does leave less time for main activities of clinician. • Additional time required for PIN may be a larger issue for new generations of physicians. • Time is required for PIN if physicians want to have input into shaping policies and decisions of Manitoba Health and RHA. • Changes to clinic procedures take time. **Support** • Allied health professionals have been wonderful supports to the physicians, clinic, and community. They have been very helpful to physicians' practices. • Allied health professional has conducted community education projects through PIN. **Collaboration** • PIN has helped the clinic staff work together more, to come up with ideas for implementing guidelines and tests. • Physicians and allied health care professionals had very cooperative relationship, working together as colleagues instead of adversaries. It was impressive. **Relationship with patients** • Greater familiarity with patients now.
Impact on information management	**Access to information** • It is important for health care stakeholders to understand the nature of chronic conditions in the province in order to plan appropriately for the future. • PIN has shown that the use of information, in this case EMR, on a timely and accurate basis, can play a large role in improving primary care. • The most obvious change is the use of EMR as a tool to monitor and improve chronic disease management and preventative care for patients. • Clinic now has idea of the number of diabetics in the practice and the number receiving appropriate screening tests, though it is likely some diabetics are not registered in the program. • Clinic is documenting things differently in order to access information, which is potentially better. • Extracting needed information allows physician to quickly see if a patient has had specific screenings. Inputting reminders based on recommended guidelines is helpful. • Software upgrade enabled by PIN funding has improved overall look and functionality of system. • Physicians now have remote access to medical records from anywhere in the world, which facilitates improved care. **Data quality** • Clinic's initial numbers may not be very good because of data entry issues related to where information was inputted. • Clinic has modified documentation procedure to allow for data extracts. Prior to PIN, entries were free text, which could not be extracted. **Peer performance** • Compliance is high because no one wants to have the lowest numbers. **Standardization** • PIN has meant that more people are doing things the same, specific way, which is helpful for reporting indicators. **Best practice** • PIN is successfully addressing issues around chronic disease and using EMR to help initiate practice.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
	Functionality • PIN has enabled clinic to use computers and EMR to a more complete degree. • EMR was well-suited for increased functionality but clinic probably would not have undertaken steps to improve usage without PIN.
Impact on access to care	**Access to family physicians** • PIN has not addressed access issue. • Clinic still has a lot of work to do in the area of access. • Physicians are still seeing as many patients as before. • PIN had not improved wait time for patients to see their physician. • Have not looked at access and wait times. **Access to allied providers** • Allied health care providers added to practices include dietician, nurse, foot care nurse, diabetic nurse educator, and mental health counsellor. • Addition and integration of alternate care providers has been successful. There is also more that could be done. • Integrating alternate care providers was arranged within scope of funding. More could be done if funding model allowed. • Other allied health providers that would be useful include pharmacist, nurse practitioner, physician assistant, and mental health worker. • Funding structure does not allow for hiring a pharmacist or nurse practitioner, because budget must be based on minimum levels, which does not support these salaries. • Dietician's services were needed and are very useful but have not helped clinic to meet PIN goals. • Patients have greater access to allied health professionals than if referred to specialist elsewhere, because some patients do not want to leave the clinic and are more likely to follow through if the appointment is on-site at the clinic. • PIN allows greater access to different allied health professionals that clinic could not afford to pay in a fee-for-service model. • Services of diabetic nurse educator and mental health counsellor very beneficial, because they are able to spend more time with clients than physicians. • Anxiety, depression, and stress are very common among patients, but physicians do not have much time to deal with mental health issues. **Measures** • Patient access is poorly defined. It is not clear what kind of measure or guideline can be used. **General** • Minor improvement in access to primary care.
Impact on quality of care	**Health outcomes** • Better screening should theoretically improve health outcomes. Anecdotally, it appears to be making an improvement. **Awareness** • An unanticipated impact is increased awareness among patients through a spin-off effect of hearing about tests or interventions from patients who have been offered them. **Time** • Allied health professionals are somewhat reducing physician load and also increasing patient care. Nurses have more time to spend with patients. • Dietician is able to spend more time on education. **Consistency / reminder** • PIN reminds physicians of things they should be doing but sometimes forget. • Physicians have commented positively on Phase I, saying they are conscious to do things every time now, whereas things may have been missed in the past. • PIN supports primary health care in the sense that physicians are now remembering to do all of these things. It has been a good reminder. • Not all physicians were following usual guidelines, so reminding them about different guidelines and to order things is helpful. • Changes to the encounter sheet have also been helpful in reminding physicians when last tests were done. • PIN improves follow-up with patients regarding recommendations by requiring that the date of the test be entered.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
	Comprehensive care • Building teams of other health care providers has a real benefit in the role of delivering primary care. Adding them has been very beneficial, but is also a work in progress. • PIN focus on chronic disease management has ensured physicians focus on those patients to remain current. • Having the dietician has been a huge support to the clinic and community. • The clinic is providing better care to patients with diabetes and hypertension. A lot more of them are seeing dieticians now. • Diabetic and hypertensive patients are getting screened better. **Measures** • PIN focuses on process and does not measure impact. This does not capture quality of care or intervention, e.g., meeting with dietician vs. reading informational pamphlet on losing weight. • Long-term indicators will be to see if adhering to standards of care makes a difference in improving health outcomes.
Financial impact	**Feasible practice change** • PIN allowed clinic to hire a dietician; this would not be possible in fee-for-service model. • Funding allowed clinics to hire and/or train allied health professionals, e.g., having nurses trained to do foot exams. • Additional funding allowed clinic to try different things. This was useful. **Funding approach** • Reports can be monitored monthly so that deficient areas can be addressed before QBIF funding is determined at the end of the year. • One issue regarding QBIF is determining reasonable end points and exceptions. • Phase II indicators will be very time-consuming, but if clinic does not achieve greater than the minimum amount of QBIF funding, it will face a deficit. **Gains** • Clinic may have gained financially from Phase I but it is difficult to quantify the amount of extra work contributed by physicians and staff. **Losses** • Clinic was financially disadvantaged by participating in PIN because of the amount of time required. • PIN has had significant negative impact on champion physician's income because of seeing fewer patients and devoting time to meetings and PIN implementation. • Physicians generally not financially disadvantaged, but if they were paid for extra time they have spent in evenings and on weekends, they would be making more. • There is a question as to whether PIN will cost Manitoba Health more money because physicians are bringing in patients that do not necessarily need to be screened. **Neutral** • On an individual basis at this point, it has not really made an impact. • Not really negative or positive. Not really affected one way or the other. Same for clinic and individual physicians. No real hit or windfall. • For the most part, clinic and staff were fairly reimbursed for necessary work. All physicians put in extra effort to make it happen, so additional funding was reasonable. • Clinic able to cover costs for one-year project because of good initial position regarding EMR. • All income received from first year was spent on PIN. • Clinic was close to breaking even. However, the lead physician donated a lot of hours to the project. Had the lead physician been charging, the clinic would have suffered a loss. • If physicians expected to be paid for additional work involved, clinic would not break even. **Distribution** • Leftover PIN funding was split evenly among all physicians. Successes are as much to do with the practice as with effort put in. All fail and succeed together. • Potential use for any remaining profit is to lower percentage of overhead physicians' pay because it provides incentive for physicians and encourages recruitment. • Some physicians received the benefit of PIN funding without putting much effort into improving compliance with PIN issues.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
Political impact	**Collaboration** • It is nice to see different groups, with different backgrounds— Manitoba Health, Deputy Minister's Office, the College, other professions, and administrators—having a common goal. • Clinics have been able to work with Manitoba Health in a positive way, and physicians have been able to collaborate together. Both Manitoba Health and clinics are working towards improving patient care, which is good. Patients should be the focus. • PIN has been helpful in terms of developing contacts with Manitoba Health and other clinics in the province. • Fostering links with primary care clinics is positive. **Demonstrated effectiveness** • PIN has shown that you can influence changes within primary care.
Transferability	**IT infrastructure** • Implementation at other sites should be easier now because Manitoba Health can provide guidance on EMR software. • It will only be feasible for other clinics if they have computerized medical records. • It would be useful for new clinics to talk to some of the other sites about the computer systems they use. • It was feasible for the clinic because several things were already in place, so there were not a lot of additional costs. The clinic already had EMR and physicians did not need to be trained on it. • There is a learning curve to bringing in computerized medical records, so it requires work and there are costs associated. Places that do not have EMRs will probably think it is not worth it. • Implementation is manageable, if the clinic already has EMR in place and is familiar with it. It would be crazy to put in EMR and then start PIN immediately. • Would be easier for clinics that were never computerized, because they could simply enter data instead of having to re-enter data. • May not get buy-in from clinics without EMRs. • It is possible to integrate smaller practices or individual physicians into PIN through EMRs in larger offices. • Simplicity of programs is critical. The simpler, the better, and the happier physicians will be. **Funding / incentives** • The amount of money would not be enough of a motivator for any practice to change its style or make alternate arrangements. • Physicians will not participate for that amount of funding. They have to have a desire to do things in a better way. Managing patients in a better way must be the primary aim. • Calculated per indicator per doctor, the funding is not very much. So if it requires making a change and documenting things differently, many physicians would think it was not worth it. **Commitment** • Clinics require a physician who is willing to champion the project and take on responsibility for it. Otherwise, it would not be advisable to participate. A champion physician can support others and help them with the changes required for implementation. • It is important to have a leader willing to take it on. • Hope that other stakeholders will continue to support PIN through enthusiasm and funding, and that initiative remains high on agenda. **Recruitment** • PIN currently lends itself most to smaller groups. • It would be possible to implement PIN with an isolated group of single practitioners through a virtual group, if the group could work well together. This is in essence the approach used in Alberta. • Clinic was able to take on initiative because group was stable and of decent size and prepared. • Physicians currently involved in PIN will encourage other clinics to join. **General** • Once PIN is fully in place, it will be easier to provide advice and recommendations.

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Subject	**Theme**
PIN strengths	**Allied health providers** • PIN funding allowed the clinic to hire allied health professionals that could not have been hired under fee-for-service model. Integration of allied health providers into primary care has been great success. • Working collaboratively with allied health care providers has improved patient care by providing additional monitoring and ensuring appropriate follow-up. • Communication with allied providers is easier when they are on-site than when located elsewhere. • Allied providers on-site have access to more complete patient information because of EMR. **Focus** • The issues PIN is trying to address are issues that need to be addressed. The PIN objectives are good, and important to work towards. • It was not hard to convince physicians that this was the kind of care they should be delivering. **Leadership** • PIN has good leadership. Organizer from Manitoba Health did a good job of driving the process, put up with frustrations, and was key to getting the initiative going. Good leadership was necessary. **Standardization** • There is a value in having standardization of processes, making sure that people with chronic diseases are getting the same standards of care and proper follow-up. **Commitment / will** • Clinics involved in PIN are committed to making the project work. **Grassroots** • To have anywhere between five and 15 physicians discussing ideas and working through those in a collaborative environment is a new concept. **Collaboration** • PIN has helped the clinic work together more to develop ideas. • PIN has enabled clinics and Manitoba Health to work together in a positive way. • Fostering links with primary care has been good. • Collaboration among clinics to explore practice is very valuable. Manitoba Health and RHAs got more than expected value in this regard. • All participants in PIN project are able to voice honest opinions, even if they are negative. **Individualized** • A good thing about the initiative is that it is not rigid. Clinics are able to decide how best to apply the funding. **IT functionality / learning** • PIN has helped clinic improve the use of the computer system and change the way data entry is done. This would not have occurred without PIN. • Manitoba Health has recognized that there are issues and problems with EMRs. It is not possible to simply extract the data because a clinic has EMR system. There are disparities among EMR systems. Qualification and certification process for EMR vendors is positive. • Clinic and Manitoba Health have learned about different software programs through PIN. This knowledge benefits entire province and especially other clinics when they begin PIN. • Narrowing choice to four EMR vendors is helpful. **Autonomy** • There was a certain amount of autonomy that each group was given to come up with their own results. There are benefits to this approach. It is less productive to create hard rules and force everyone to fit into them, instead of giving them a goal to achieve and letting them figure out how to achieve it. **Flexibility** • The clinic is trying things, adjusting, trying other things, and adjusting some more so that it will be figured out in the end. • Setting very hard and fast parameters, guidelines, rules and regulations for all this would be very detrimental for making it work. • It needs to be a work in progress. Evaluation and necessary adjustments will occur along the way. • Clinics taking part in PIN are good clinics that are open to trying new ideas. **General** • Overall experience has been positive.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
PIN challenges	**Scope** • PIN has identified but not addressed issues, because it does not have enough opportunity or clout. This is only one piece of the bigger puzzle. **Capacity** • There are challenges in managing the practice base, because of a quickly growing population and responsibility for the entire geographic area. It is difficult to get a precise number of patients because the number keeps changing. **Funding / incentives** • QBIF complicates budgeting, because it is not clear how well the clinic will do and therefore how much the funding will be. • Clinic would like to add a nurse practitioner, but does not want to do so before knowing the amount of QBIF funding. • Hiring a nurse practitioner would greatly improve physician workload, but funding is not available, based on minimum levels. • Physician overhead impacts recruitment and retention. Want to be sure overhead does not increase because of hiring allied health care providers and then not having sufficient QBIF funding to cover the salary. • Some criteria are moving from a question of advising to whether it happened, and certain ones may be difficult to meet because of the population being served. It is not fair to penalize physicians for patients deciding not to follow-up on recommendations, e.g., deciding not to immunize. There are many reasons that may impact patients' decisions to refuse test or intervention. This approach may encourage clinics to refuse to accept non-compliant individuals as patients. • Measuring compliance will be difficult to word appropriately to avoid penalizing clinics located in areas where patient population groups may be less likely to comply with physician recommendations, e.g., inner city clinics. It is important to have physicians in all areas participating in PIN initiative. • Data entry and extraction complications can negatively impact funding, despite fact that physicians are actually meeting guidelines. • Phase II budgeting will be more difficult than for Phase I, because there is no longer funding for implementation or computer changes. **Measures** • PIN requirements are sometimes frustrating and artificial, e.g., 18-year-old patients are automatically considered deficient in pap smears, though pap is required only once every three years after age 18. • Lack of agreement on prevention indicators, definitions, and exemptions. **IT infrastructure / support** • It would have been beneficial if Manitoba Health had investigated EMR systems from other provinces prior to the project, because it took a lot of time to work on IT issues. • Manitoba Health still does not have a very good understanding of the software issues. • The government is slow, and is behind on developing better systems of communication for initiatives like PIN. • EMR has been the major hindrance to the project. **Time** • PIN does take more time. • Difficulty continuing to sell PIN as good thing because physicians see it as a lot of work. • It will take time for the province, patients, and public to digest information and do what needs to be done. **Buy-in** • Still some resistance among physicians, but everyone is taking part. **Change / shift in focus** • Change is hard for anybody • Can be hard sell to physicians, because they see it as change, and managing change is a challenge.
PIN general expectations	**Success** • Anticipation that Phase II will be more successful than Phase I, because physicians will begin to see impact of PIN initiative. **IT infrastructure / linkages** • In the future, all clinics will be linked through EMR, so that patient files can be accessed by different physicians. The computer systems are already able to accommodate integration.

Table 3: Clinic stakeholder perceptions of PIN initiative	
Subject	**Theme**
Participant recommendations	**Expansion** • Expand to more clinics. The more physicians doing it the better. • Each group could actually do more. Use the same tools and initiatives to expand to other areas of chronic disease or difficult areas of primary care. **Expertise** • Every province should not have to re-invent the wheel by having their own initiatives. It would have been good to work with another provincial initiative. **IT infrastructure / support** • If the vision is to have every family physician in Manitoba involved in PIN, a culture is needed where EMR will be in every office. The province will need to support this aim by taking the lead in choosing vendors and accessories and ensuring some regulatory control of cost and maintenance that IT provides. • Money was wasted on IT support that is not knowledgeable of EMR systems. Manitoba Health should have instead retained a clinic manager or someone who has experience working with the software, or given the money to clinics to spend on software-specific consultants. • Manitoba Health needs to have a clear understanding of the information and services it requires, and then to make sure it can access all the required services from particular vendors. • It would be helpful if allied health providers located outside of clinic also had access to patient medical records via EMR and could check for further information as needed and/or input information about patients' visits. **Funding / incentives** • Greater funding could help reduce physician workload. QBIF funding split among physicians is not as valuable as being able to use funding to reduce workload, possibly through hiring a nurse practitioner. Increase minimum levels of funding to support this type of position. • Some provinces provide funding to install EMR. There are about 25% of physicians in Manitoba without EMR. It will be difficult to get those people on board without a bigger carrot. • Other provinces are putting significantly more money into similar initiatives. • Manitoba Health should provide additional funding to assist with administrative work required for PIN. • Targeting incentives to individual physicians on a per-patient basis will improve compliance with PIN issues and reduce variation among physicians. • Specific per-patient incentives for individual physicians are easier to sell than group target ranges where amount of funding is somewhat nebulous. • It is better that money goes to the clinic as a group and allow the group to allocate it, rather than to individual physicians. Otherwise, it would be difficult to hire allied health care providers. It has to be a group focus, because this is a group project. **Measures** • The 'how' and 'why' of some criteria can be frustrating. Sometimes they may seem ridiculous or not applicable even. • Monitor information coming from physician instead of judging based on how many people have actually followed through with recommendation. Consider specifying that information must be delivered in the office, in order to support message quality. **Commitment** • Hope that the project can build from this point on. It would be disappointing if the project stayed stuck where it is now. The real success of this program will be if it becomes ingrained as a regular way of doing primary care. Have to keep the momentum going and continue to build over the next number of years. • There are many initiatives going on in Manitoba. The province will need to keep PIN high on the agenda if it is to succeed in improving primary care, which is the ultimate goal. **Simplification** • Simplify the process. • Evaluate new criteria to ensure data collection is as simple as possible. Minimize the number of screens required and automatically populate fields that appear for multiple indicators.

Table 4: Clinic stakeholder descriptions of major issues in primary health care	
Subject	**Theme**
Work environment	**Space** • The feeling is that there needs to be a significant shift to providing primary care in settings like the clinic, whereas in the past, the delivery of primary care was split up and spread out. It would be better if it were focussed in a clinic setting, with the support there to enhance delivery. **Workload** • Practices are all overloaded, so it is hard to know where the gaps are. **Collaboration** • The culture and perception has changed. Health care providers want to work more collaboratively, using models for the modern time.
Access to care	**Infinite demand** • It is possible to hire more staff, but medicine is a bit of a bottomless hole. **General** • Clinics are the entry point to the health care system for most patients. • PIN relates to a larger problem that exists provincially in primary care.
Quality of care	**Standards / accountability** • Though well-intentioned, physicians may not always be doing screening or tests as they should be according to guidelines. • There are many guidelines to remember, and physicians sometimes assume patients have followed-up on recommendations when they may not have.
Funding	**Funding structures** • System is fee-for-service, so anything that adds time to the day does not go over well with physicians.
Political environment	**Tensions** • Historically, there was an adversarial us vs. them relationship between doctors, RHAs, and Manitoba Health.

Table 5: Region stakeholder descriptions of PIN implementation process	
Subject	**Theme**
Incentives for participation	**Focus on practice change / prevention** • It looks at a lot of the right things: how you work with doctors to look at outcomes, primary health care practice change and supporting practice change, etc. It is aimed at the right things. • PIN helps to shift the focus away from just treating acute illnesses through looking at prevention.
Receptiveness	**Buy-in** • There has to be buy-in from the entire group. • The keeners in the group support and pull along those who were more sceptical, and it becomes a real positive influence on practice across the entire group. • There was a reservation among physician groupings that there would be too much control given away to Manitoba Health or the PIN project, because they are autonomous practitioners and they have independent group practices and run themselves as corporations. So to sit down at the table with government and open up their practice in this way probably was a huge reservation for many.
Challenges in implementation process	**Time** • They were very slow to start and slow to get going. • It has not fully rolled out yet, so it is difficult to see what the final outcome will be.
Experiences with implementation process	**Inclusive** • PIN organizers have done a really super job. They have direct contact and engagement with hundreds of clinics across the province. • RHA has benefited from having direct contact with PIN organizers while working to develop networks with fee-for-service doctors. **Collaboration / engagement** • Lots of opportunity for RHA to engage. It has been a really good experience, lots of opportunities for input, ideas, and thoughts. • Reservations at the beginning were related to lack of information from Manitoba Health. But more information has come, about different approaches to incentives and how to get that behaviour changed, so some of those reservations have been allayed. • RHA is aware of the initiative and supportive of it because it is a key step to primary health care reform. But to this point, RHA has not been involved a lot. • Ability to work cooperatively with participating clinics to come to agreements is important to the success of the project. This is not always the case. **Support** • When there were challenges and hurdles, PIN organizers were supportive of region and the clinics to work through those struggles, so it has been a good experience. **Approach** • The intent is to start off small so it can be done correctly. Then it will be rolled out slowly, rather than trying to go too quickly and thereby compromise quality.

Table 6: Region stakeholder perceptions of PIN initiative	
Subject	**Theme**
IT intervention implementation process	**Learning** • Learning about EMR was beneficial for clinics. **Time** • Large part of first year of PIN was ensuring capacity of EMR systems clinic had in place and working with those systems to get the indicators and follow-up flags built in.
Practice intervention implementation process	**Recruitment** • There is only one clinic in the WRHA participating. • There was more difficulty finding the right group in Winnipeg to participate. **Provider selection** • Learning about other providers was beneficial to clinics. • The clinics have hired nutritionists or dieticians, those types of ancillary health care support providers. • Clinics are welcoming the shared-care counsellors and other people who have been added to some of the physicians' offices – a nurse practitioner would work as well or better. • Rural clinics seem to have incorporated other providers more easily. • There is still a lot to do in terms of learning about other service providers. A lot of these other providers' contributions are well-known, and well-researched. They just need to find a way to pay for it.
Impact on work	**Work flow / processes** • The workshops on advanced access were very useful. Clinics that were not actually involved in PIN were able to be part of that process and were able to streamline their processes as a result. It made a difference in the way they manage their work flow. It helped them 'process-map' the steps within their clinic - the various tests that have to be done, the order in which people are seen. And they were also able to change the way they do their business in terms of how long people wait when they are in their clinic for appointments and so on. **Awareness** • PIN has been very useful. It has opened people's minds. • PIN has started to inform how we look at physician practice and primary care and what some of the steps are that are necessary to look at chronic disease management. • The advanced access part of the initiative was the most successful. It opened people's mind to the fact that you do not really have to give people an appointment time that is two months away. That it is possible to see today's work today type of thing. **Collaboration** • Connections between RHA and clinic occur through allied health providers. So, for instance, regarding diabetes, region has connected and the dietician at the clinic is using the same information as if the patient had been referred to RHA dietician. Those dieticians sit at regional tables, so the information given is consistent between the clinics and region, and region can adjust information to better fit what the clinics want provided. • It is a great initiative, the synergy with public health and how the region can share information, e.g., what public health nurses teach about immunization, teaching pamphlets, teaching packets, etc.
Impact on information management	**Access to information** • Longer-term objectives are hard to measure in just two years. It will take a little longer to know for sure. Two years is not long enough. • Results will come mostly from rural Manitoba. **Measures / benchmarks** • If there were more PIN sites, it might be possible to start to work together to see if people used to go to emergency a lot and now they are not. • It is known that smoking rates are on the decline, but it will be interesting to see if there are dramatic declines in the areas surrounding PIN clinics, as opposed to rest of region, for instance.
Impact on access to care	**Access to family physicians** • The advanced access thing was not the original focus. • So far no connection between PIN and the emergency program even though emergency would be the default for people who cannot find a primary care provider. **Access to allied health professionals** • More nurse practitioner involvement would be beneficial. An NP can deliver 70-80% of what a family doctor would provide, so they would just need a way of covering that 20-30%.

Table 6: Region stakeholder perceptions of PIN initiative	
Subject	**Theme**
	Access to screening / lab work • PIN created wait lists for breast screening and lab services. Increased number of appointments for screening and phlebotomy services have addressed front end, but there is still pressure on back end of testing.
Impact on health	**Outcomes** • Clinics have seen some very tangible results. Hundreds of pounds have been lost by clients, they have nutrition counselling and follow-up to get diabetes under control. They have thousands of pounds to demonstrate that they are making an impact. • There have been some really neat connections made and screening/educational days held with public and specific populations, taking preventative health to them. • Some RHA health and wellness programs have been oversubscribed, which may demonstrate that there is an awakening around chronic disease prevention. • If you had the same kind of outcomes in every PIN project as what was achieved in this region, then that would have a tremendous impact on the general health of the population and the prevalence, incidence, and treatment of chronic disease. • Size of impact on screening or acute-care side of system was unexpected. This is a positive outcome for clients because that means more people are being screened, so it should be a positive for health outcomes. • The question is if the collection of data does make a difference in health in the long-run. Right now, the data can be collected, and focus can be on reaching indicator thresholds. But is doing this going to make an overall difference in the health of the population? **Upstream focus** • PIN is a good idea, the focus on prevention and encouraging physicians to work on the prevention. As well, there is some incentive for physicians to work on ongoing or chronic illness. • Trying to focus away from just acute care and trying to shift to chronic and preventative care. • PIN is trying to improve the health of the population by monitoring various indicators. Hopefully, this can be achieved. **Time frame** • It is still too early to tell what the outcomes will be. • Do not have any information yet on if it is working or if they are seeing results.
Impact on quality of care	**Consistency / follow-up** • Primary care physicians are starting to make contact with regards to screening criteria, follow-up data, etc. They probably are always well-intentioned but may not even realize they have not always done these things. The flags in the system are good for assisting with that. • The achievement that has occurred is that this screening occurs and then the follow-up occurs at the next appointment. It is a tremendous step in trying to ensure that people are taking care of their primary health care. • The clinics will get extremely proficient and efficient at screening and doing all of the primary health things they have set out for themselves, keeping people up-to-date and moving to impact their health in a positive way. • The primary strength is that primary health and screening is delivered to individuals not only by public health or community health projects but every time they see their physician. Hopefully this creates a stronger team that will have more of an impact because everyone is saying the same message. Not that physicians were not delivering the message before, but not certain there was the consistency, and that is the piece. Each individual is now involved in screening and follow-up, and consistency is key. • What PIN seems to have addressed are the very basics of primary care, so having people who are connecting with a family physician or even those coming new into the clinic for a family physician, having confidence and knowing that they will be screened for all of the indicators that have been set up, whether it is around diabetic indicators or eye exams, fecal occult blood testing for colon cancer – knowing that those flags are there and that patients, even if they have come to the clinic for another reason, will actually have the whole profile examined.
Financial impact	**Funding approach** • One of PIN's original objectives was to start looking at the fee-for-service model. • Idea was that if less expensive health professionals could provide those quality type services, then these providers are generating an income on the quality side. The incentive was more for the clinic.

Table 6: Region stakeholder perceptions of PIN initiative	
Subject	**Theme**
	Upstream allocation • There are initial costs. But it is important to weigh up-front 'loading' costs against what the longer-term gains will be. So if there are fewer diabetic amputees or fewer patients in intensive care units from heart attacks, then there should be savings realized in the system by the lessening of the burden of chronic disease. **Costs** • RHA monitored access to screening and lab services, and received additional funding to build in some capacity in the system at least from the point of view of reducing the wait list at the door. • From a financial perspective and pressures it creates in region regarding screening and lab services, it is a challenge. Not negative, but a challenge, purely from human resourcing and financial resourcing perspective. From a system perspective, because this will continue to grow, some of that financial impact may produce further financial challenges. • No financial impact in this region to date. **Benefits** • There is some financial impact. Overall amount of funding that goes into the physicians and regions. It really is not very much, but it is hopefully enough to aid in bringing about some change to providing more resources.
Political impact	**Engagement** • The more that regions do that involves fee-for-service physicians and gets them to become part of the system, the better it will be. • Family physicians are isolated, not well-connected to regions. The PIN initiative is to some extent addressing and informing efforts at engagement. • PIN has piqued some interest among practitioners. Organizers have done a lot of work in linking with family doctors and working through some of the issues with them. That has been very, very positive. The engagement of family physicians is something that has not happened in a very long time. **Collaboration** • For region, it was an opportunity to have a link with fee-for-service clinics that regions do not often have an opportunity to have. • PIN process has identified where RHA system is weak and needs to build capacity. • RHA is fortunate to have connection through Director at RHA who is involved in PIN. Otherwise, PIN is somewhat isolated from RHA. It is a Manitoba Health initiative. • PIN has not affected the relationship with other primary care physicians specifically, but others are taking some of the lessons learned from PIN. **Strategizing** • In the long-run, hope that it will help RHA and physicians work together better, especially regarding focus on primary health care reform. Hope is that this can help everyone to focus together on how to change the system to service the population better. • Region and PIN clinics jointly set roadmap for addressing system capacity issues in region. It is a terrific collaborative working relationship which is often difficult because fee-for-service practitioners are independent practitioners. RHA feels very privileged to have opportunity to sit down and plan together with them, opportunity to do pre-planning and crisis planning too. • A joint table was created, an opportunity for sharing information between clinics and RHA. Objective was to have the system prepared for the impact of what might come with PIN, system capacity issues. • From base of PIN issues, relationship was built that is stretching into other areas of practice, e.g., physician recruitment, retention, resource planning. Enabled RHA and physicians to do some future dreaming together. The region considers these issues but needs fee-for-service physicians engaged in that forum. PIN facilitated that engagement, because the players know one another and have built a relationship of collegiality and trust. • PIN has been a building block in the goal to achieve primary health care services that regions have been striving to deliver since the inception of regions. PIN is a key component to the entire primary health care initiative, the whole goal of achieving a primary health care-focused system. • Establishing networks with fee-for-service physicians is an important goal in itself. • Outcomes and lessons learned from PIN should inform policy framework developed by regions and Manitoba Health to use in negotiations with Doctors Manitoba.

Table 6: Region stakeholder perceptions of PIN initiative	
Subject	**Theme**
Transferability	**IT infrastructure** • Rural sites are ahead of the city because of EMR capabilities. • PIN process identified the level of electronic health record that is required. This has been addressed, and the field is narrowed to four types of electronic health record that can support PIN initiatives. • Not all of the clinics in the region have EMRs, so that is a problem. • Smaller clinics may have more difficulty getting EMR because of financial limitations and issues of efficiency related to size. However, there is potential for linking up various sites with a shared EMR system. In theory, anyone should be able to be part of PIN. **Funding structure / incentives** • Implementation at other sites should be feasible as long as there is funding attached. Asking clinics to involve other providers without additional funding attached, and if they do not have EMR systems to count it, they are not likely to change. In the current economic climate, this will be a challenge. • PIN is now looking at criteria, and whether it needs to be limited to only fee-for-service clinics with EMRs, or whether other models of alternately-funded physicians could be included, e.g., contract or salaried physicians. • Longer-term objective is to have a large percentage of clinics and physician clinics enrolled in PIN, regardless of whether they are fee-for-service or alternately-funded. That is a real positive. • It helps to address some infrastructure items that may prevent physicians from having this approach, for example, some alternate form of funding that can aid in getting other staff, etc. It makes it more achievable. • If the initiative works well longer-term, and physicians can work within the framework of the fee structure, there is potential to shift more resources towards that style of payment, to encourage even more focus on prevention. **Standardization** • Narrowing the field to four EMR vendors improves standardization, which is good. **Applicability** • Model has had more uptake outside of Winnipeg, and Winnipeg site had most difficulty implementing. Unclear if it will be applicable or adaptable to Winnipeg. • Larger issues are in Winnipeg, but project included only one Winnipeg site. If issues can be addressed in Winnipeg, rest will fall into place. • PIN is the right approach for rural practices and an easier sell there. Winnipeg may be able to implement some learnings from PIN, but it is not clear that Winnipeg will be able to use the same model. **Sustainability** • PIN is a huge shift in focus. As PIN is being rolled out to more physicians, there is a question as to whether it is sustainable, both funding-wise and collecting the massive amount of data. **Capacity** • Reservation with the health system and will the region be ready – will there be enough capacity for the work that is generated, will the system be able to provide follow-up in a timely manner, or will there be frustration because of long wait lists and lots of concern because of positive tests and are not getting to the next step through the RHA in a timely manner. • As more clinics come on board, if every clinic in the region were to come on board, the system does not have the capacity, if it were to be similar to the experience so far. **Recruitment** • Rural sites were more prepared for PIN than Winnipeg. • Investment for EMR may be a barrier for some clinics more than others. There is an investment required – either a repeat investment for some clinics that have already purchased an electronic health record, an upgrade for others, or for still others it is an investment in starting fresh. Do not know if there will be support for them in this area. • There are some new InfoWay dollars that may be available to assist clinics with EMR, which would probably help to move PIN along. • Some physicians may not be keen on getting into the EMR, and that would preclude them from being involved. • Some physicians may not want to change.

Table 6: Region stakeholder perceptions of PIN initiative	
Subject	**Theme**
PIN strengths	**Leadership** • PIN appears to be well-planned. **Awareness / learning** • A benefit is that there is more awareness about other ways of doing things. • They have learned there has to be a certain type of EMR, there are preferred types and certain levels in order to be able to run the required programs. **Grassroots** • A strength is that the initiative engages, at the planning level, the people involved, such as the physicians and clinics. **Collaboration / engagement** • More links to primary care providers have been established. • PIN is breaking down communication barriers. • Overall, PIN has started conversations with primary care practitioners, the physicians. Breaking down some of the perceived barriers that they saw as being part of the system. Those are all positive things. • This is a fee-for-service physician initiative, so for an RHA, it is an opportunity to build some bridges and through that some synergies in what type of information people were receiving and how some of those screening initiatives might be approached from a RHA service perspective. **General** • As a little pilot project, it did do some very good work. • It is a really great initiative. There have been some really positive outcomes. • Overall tremendously positive experience. • No changes necessary. Pleased with how it is going. • It has tremendous potential.
PIN challenges	**Recruitment** • Group criteria creates challenge to engage single physician practices or side-by-side practices that do not practice as a group. • It will be difficult to recruit smaller clinics. **Engagement / collaboration** • One of the challenges of PIN is that it is still Manitoba Health-based and not sufficiently building a relationship between the clinics and the regions. **Time** • One reservation is that it is a very slow process. **Scope** • Only one site in Winnipeg is not enough to make an impact. • Smaller scope makes sense as pilot project, but it is a limiting factor. **Funding structure / incentives** • Next challenge will be designing model that accommodates alternately-funded physician clinics. Not clear if it will involve quality-based incentive funding (QBIF).
Participant recommendations	**Scope** • Get more clinics enrolled. • Roll it out to all clinics. • Would like to see full list of indicators embedded in every care provider's practice. **Allied health professionals** • Would like to see greater link to nurse practitioner initiatives. Perhaps place an NP in a fee-for-service clinic on a trial basis. **Approach** • More of an urban, Winnipeg, focus is needed for the Winnipeg site. Initiative is largely rural-based. **Connectivity** • Would like to see other health care providers linking into indicators, to speak across record and log where the patient intersects with systems. **Education** • More educational workshops on different topics and for larger groups of clinics would be beneficial. Other topics could include additional components of access and alternative health care providers.

Table 7: Region stakeholder descriptions of major issues in primary health care	
Subject	**Theme**
Work	**Urban / rural differences** • Rural clinics tend to have simpler work environments and face fewer barriers. They are less university-driven, which makes the work situation easier. • There are few or no specialists in small towns, which reduces complexity and means providers have more knowledge of community needs and work with whomever they have available. More choice in urban setting makes finding necessary resources more complicated. • Smaller rural practices are, by their nature, more comprehensive than urban practices.
Access to care	**Availability** • Regional focus on making clinics less episodic and less challenging to access. People go to emergency because they cannot access required testing at the clinic because of wait times for appointments. • Current regional priority of addressing chronic diseases and providing better access to primary care.
Quality of care	• Currently, the way that family doctor practices work for most patients is not ideal for patients.
Coordination of care	**Disconnect** • RHA need to focus on improving relations between primary care doctors and specialists. MPAN initiative is working on helping physicians know when to call specialist and which specialist to call. • Rural sites face a smaller barrier between primary care physicians and specialists because there are few or no specialists in rural areas.
Multidisciplinary care	**Cost-effectiveness** • Current system does not facilitate integration of other, less expensive, providers into primary care teams. Money is spent on doctors doing things they do not need to do. • Need to focus on changing the way physicians practice, establishing multidisciplinary teams that are used efficiently and so as to avoid duplication. **System change** • System is overly dependent on physicians' services, a model that is outdated. • Still a lot of reluctance and hold back on having nurse practitioners as part of the fee-for-service system, but also lots of doctors who would probably welcome the addition.
Information	**Awareness** • Rural physicians more aware of issues in their communities than physicians in the city. **IT infrastructure** • Current regional focus on EMRs.
Funding	**Funding structures** • Fee-for-service funding models do not accommodate salaried nurse practitioners. • A primary care approach to improving patient access through better entry points is a good aim, but will not be achievable through fee-for-service model. • Present Manitoba Health fee structure does not include provisions for taking time to do some of the preventative work.
Political environment	**Disconnect / isolation** • It can be difficult to develop collaborative relationships between family physicians and RHAs, because fee-for-service practitioners are independent practitioners. They link in to the RHA at the hospital sites or refer people to the public health program or to dieticians etc. but otherwise they have no reason to engage at regional tables or be actively involved in how the system develops. • Recently, region has been making efforts to establish better relationships with family physicians. Prior to that, unless physicians attended at RHA sites or hospitals or had privileges, there was not much of a relationship. The contract for payment of doctors is with Manitoba Health so relationship with region was primarily through referral to RHA for specialists, diagnostic tests, or ER. Isolation resulted, particularly with the smaller three- or four-physician practices. **Alliances** • RHA has started a number of initiatives to try and engage physicians, since both physicians and region are serving the same patients.

Annex 2

Interview guides

Physician Integration Network:
Clinic Administration Interview Guide
Pre-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. Your input will help to identify strengths of the initiative as well as opportunities for improvement. Interviews will be repeated in about a year, in order to evaluate PIN implementation and outcomes.

1. Why is your clinic participating in the PIN initiative?

2. What was the physician response to participating in the initiative?

3. What are the issues you think the PIN initiative will address?

4. What reservations, if any, do you have about participating? What reservations, if any, do you have about the initiative?

5. What are your expectations of the initiative?

6. What are the strengths of the initiative?

7. If you could change the initiative, what would you change?

8. What do you think the financial impact of the initiative will be?

9. Describe any change in your practice that would occur if the initiative were successful.

10. What impact do you think the initiative will have on your role/workload?

Thank you for your time.

Physician Integration Network:
Clinic Administration Interview Guide
Post-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. The interview questions are similar to those you answered last year. Comparing your answers from before and after the pilot will help us identify the strengths and weaknesses of the initiative and the factors affecting implementation.

1. Why is your clinic participating in the PIN initiative?

2. What was the initial physician response to participating in the initiative? What is their response to the initiative now?

3. What are the issues you think the PIN initiative has addressed? Are these the issues you expected PIN to address?

4. Prior to PIN implementation, what reservations did you have about participating? Do you still have those reservations? What reservations do you have now about the initiative?

5. What do you think the PIN initiative has achieved? Is this what you anticipated? Have there been any unintended consequences, positive or negative, of the PIN initiative?

6. What are the strengths of the initiative?

7. If you could change the initiative, what would you change?

8. What has been the financial impact of the initiative?

9. Describe any change in your clinic that has occurred as a result of the initiative. Please use examples if possible.

10. What impact has this initiative had on your role/workload?

Thank you for your time.

Physician Integration Network:
Physicians Interview Guide
Pre-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. Your input will help to identify strengths of the initiative as well as opportunities for improvement. Interviews will be repeated in about a year, in order to evaluate PIN implementation and outcomes.

1. Why are you participating in the PIN initiative?
2. What are the issues you think the PIN initiative will address?
3. What reservations, if any, do you have about participating? What reservations, if any, do you have about the initiative?
4. What are your expectations of the PIN initiative?
5. What are the strengths of the initiative?
6. If you could change the initiative, what would you change?
7. What effect do you think the initiative will have on your work/life balance?
8. Describe any change in your practice that would occur if the initiative were successful.
9. What do you think the financial impact of the initiative will be?
10. How feasible will it be to implement this approach in other clinics in Manitoba?

Thank you for your time.

Physician Integration Network:
Physicians Interview Guide
Post-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. The interview questions are similar to those you answered last year. Comparing your answers from before and after the pilot will help us identify the strengths and weaknesses of the initiative and the factors affecting implementation.

1. Why are you participating in the PIN initiative?

2. What are the issues you think the PIN initiative has addressed? Are these the issues you expected PIN to address?

3. Prior to PIN implementation, what reservations did you have about participating? Do you still have those reservations? What reservations do you have now about the initiative?

4. What do you think the PIN initiative has achieved? Is this what you anticipated? Have there been any unintended consequences, positive or negative, of the PIN initiative?

5. What are the strengths of the initiative?

6. If you could change the initiative, what would you change?

7. What effect do you think the initiative has had on your work/life balance?

8. Describe any change in your practice that has occurred as a result of the initiative. Please use examples if possible.

9. What has been the financial impact of the initiative?

10. How feasible will it be to implement this approach in other clinics in Manitoba? What lessons learned from the pilot phase could help guide PIN implementation in other clinics?

Thank you for your time.

Physician Integration Network:
RHA Executives Interview Guide
Pre-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. Your input will help to identify strengths of the initiative as well as opportunities for improvement. Interviews will be repeated in about a year, in order to evaluate PIN implementation and outcomes.

1. What do you think about the PIN initiative? Why do you say that?

2. What are the issues you think the PIN initiative will address?

3. What reservations, if any, do you have about clinic(s) in your RHA participating? What reservations, if any, do you have about the initiative?

4. What do you think the PIN initiative will achieve?

5. What are the strengths of the initiative?

6. If you could change any aspect of the initiative, what would you change?

7. What effect will the initiative have on the relationship between your RHA and the participating clinic(s)? How about the relationship between you and other primary care physicians in the region?

8. What do you think the financial impact of the initiative will be?

9. How feasible will it be to implement this approach in other clinics in Manitoba?

10. Do you feel that your region has been sufficiently involved in the planning of the initiative? If not, please explain.

Thank you for your time.

Physician Integration Network:
RHA Executives Interview Guide
Post-Evaluation

Thank you for participating in this interview for the evaluation of the PIN initiative. The interview questions are similar to those you answered last year. Comparing your answers from before and after the pilot will help us identify the strengths and weaknesses of the initiative and the factors affecting implementation.

1. What do you think about the PIN initiative? Why do you say that?

2. What are the issues you think the PIN initiative has addressed? Are these the issues you expected PIN to address?

3. Prior to PIN implementation, what reservations did you have about clinic(s) in your RHA participating? Do you still have those reservations? What reservations do you have now about the initiative?

4. What do you think the PIN initiative has achieved? Is this what you anticipated? Have there been any unintended consequences, positive or negative, of the PIN initiative?

5. What are the strengths of the initiative?

6. If you could change any aspect of the initiative, what would you change?

7. What effect has the initiative had on the relationship between your RHA and the participating clinic(s)? How about the relationship between you and other primary care physicians in the region?

8. What has been the financial impact of the initiative?

9. How feasible will it be to implement this approach in other clinics in Manitoba? What lessons learned from the pilot phase could help guide PIN implementation in other clinics?

10. Do you feel that your region was sufficiently involved in the planning and implementation of the initiative? If not, please explain.

Thank you for your time.