

EVALUATION OF THE PHYSICIAN INTEGRATED NETWORK (PIN)

PATIENT PRE-INTERVENTION SURVEY

FINDINGS BASED ON QUESTIONS FROM TWO SURVEYS: THE PCAT AND CSEPHC

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Prepared for:

Manitoba Health

WINNIPEG | OTTAWA | EDMONTON | REGINA admin@pra.ca www.pra.ca

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1.0 Introduction

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

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

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

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

Nine additional group practice sites participated in PIN Phase 2:

In Winnipeg:

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

In rural Manitoba:

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



¹ Manitoba Health. Physician Integrated Network. Retrieved November 8, 2010, from http://www.gov.mb.ca/health/phc/pin/index.html

² Ibid.

³ Manitoba Health. Physician Integrated Network. Retrieved November 8, 2010, from http://www.gov.mb.ca/health/phc/pin/fund.html

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

Each clinic chose areas of concentration as part of the demonstration from the following six indicator clusters: prevention, diabetes, asthma, congestive heart failure, hypertension, and coronary artery disease. All but two clinics decided to begin with all indicator clusters. Concordia Wellness Centre began with the prevention indicators and is currently starting on the diabetes indicators. Virden Medical Associates began with all indicator clusters, excluding the prevention indicators.

PRA Inc. developed the PIN Phase 2 evaluation plan in collaboration with Manitoba Health. The evaluation includes several lines of evidence: a provider survey, a patient survey, analysis of electronic medical record data, and interviews with PIN stakeholders.

Pre-intervention surveys were conducted with patients at the practice sites using the Canadian version of the Primary Care Assessment Tools (PCAT) and selected questions from the Canadian Survey of Experiences with Primary Health Care (CSEPHC). This report presents survey results and compares responses from the two questionnaires. The pre-intervention survey will provide baseline data for later comparison with the post-intervention survey of this group of clinics.

The original four PIN sites from Phase 1(Agassiz Medical Centre in Morden; Steinbach Family Medical Centre in Steinbach; Dr. C. W. Wiebe Medical Centre in Winkler; and Assiniboine Clinic in Winnipeg) have continued to use PIN through Phase 2. During the post-intervention survey for the Phase 2 evaluation, data will also be collected and analyzed for these sites.



2.0 Methodology

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

2.1 Questionnaire design

As mentioned in Section 1.0, evaluators used two surveys for the pre-intervention PIN Patient Survey in PIN Phase 2.

The first questionnaire was created for PIN Phase 1. Evaluators from the University of Manitoba Department of Family Medicine in collaboration with Manitoba Health developed this PIN Patient Survey using questions from the PCAT, commonly used instruments to assess and assure the quality of primary care service delivery. The PCAT, developed at Johns Hopkins University's Bloomberg School of Public Health, measure the degree of attainment of components related to primary care including first contact, continuous (ongoing), coordinated, comprehensive, family-centered, community-oriented, and culturally competent. The PCAT was designed to analyze the components domain by domain. Various other primary care initiatives throughout the world use the PCAT to assess their programs.⁵ The Canadian version of the PCAT was used for this study.

PRA developed the second questionnaire using questions from the CSEPHC. The CSEPHC, created by the Health Council of Canada, is used to examine *experiences with health care that affect Canadians*. More specifically, the CSEPHC *provides a picture of access and utilization of primary care; provides information on issues specific to Canadians living with chronic conditions and their experiences with the health care system; and provides information for the development of effective policies and strategies to help improve health care for all Canadians.*⁶ Questions were selected from the CSEPHC that generally matched those from the PCAT used in PIN Phase 1 to allow for comparison of responses. Selected supplementary questions from the CSEPHC were also included in the survey. The final versions of the surveys are in Appendix A.

2.2 Data collection

Each clinic was given 300 pre-intervention patient surveys to complete (150 PCAT and 150 CSEPHC). Data collection for the pre-intervention survey began on November 3, 2009 and was completed on June 23, 2010, at which time all surveys had been returned to PRA.

⁶ Statistics Canada website. Retrieved on November 5, 2010, from http://www.statcan.gc.ca/cgibin/imdb/p2SV.pl?Function=getSurvey&SurvId=33368&SurvVer=1&InstaId=33369&InstaVer=1&SDDS =5138&lang=en&db=imdb&adm=8&dis=2



⁵ Johns Hopkins Bloomberg School of Public Health website. Retrieved on November 10, 2010, from http://www.jhsph.edu/pcpc/pca_tools.html

With the support of Manitoba Health staff, clinics distributed the questionnaires to the patients who visited their offices during the data collection period. Manitoba Health staff instructed the clinic staff on the distribution process:

- Questionnaires were given only to regular patients who were at least 16 years of age.
- Clinic staff alternated the questionnaires when handing them to patients, so that half of the patients received the PCAT and the other half received the CSEPHC.
- A blank envelope was provided with each questionnaire so that patients could return the completed questionnaire anonymously to the staff member.
- Patients were encouraged to fill out the questionnaire at the clinic, but if that was not possible, the patient was provided with a self-addressed, postage-paid envelope to mail back the completed questionnaire.

In total, 1,096 PCAT and 1,082 CSEPHC questionnaires were completed. Table 1 presents the total number of questionnaires completed by each clinic.

Table 1: Total number of pre-intervention questionnaires completed				
Clinic	PCAT	CSEPHC		
Clinic	n	n		
Altona Clinic	143	131		
Centre Médical Seine Inc.	116	116		
Clinique St. Boniface Clinic	125	135		
Concordia Wellness Centre	101	101		
Four Rivers Medical Clinic	146	138		
Prairie Trail Medical Centre	54	57		
Tuxedo Family Medical Centre	147	145		
Virden Medical Associates	140	133		
Western Medical Clinic	124	126		
Total number of surveys	1,096	1,082		

As a screener for both surveys, 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 (e.g., follow-ups, maintaining your chart)?*



To qualify, 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 disqualified from continuing with the survey. See Table 2 below for the screening results.

Table 2: Respondents' history with the clinic					
	PCAT		CSEI	РНС	
	(n=1)	,096)	(n=1,	082)	
	n	%	n	%	
Do you usually come to this clinic when you are	sick or need	advice about	your health?		
Yes	1,038	95%	1,035	96%	
No	31	3%	29	3%	
No response	27	3%	18	2%	
Does/do the doctor/doctor(s) in this clinic know	you relatively	vwell?			
Yes	924	84%	925	86%	
No	124	11%	129	12%	
No response	48	4%	28	3%	
Is this clinic most responsible for your health ca	re?				
Yes	1,037	95%	1,028	95%	
No	26	2%	25	2%	
No response	33	3%	29	3%	
Note: Columns may not sum to 100% due to rounding.					



3.0 Main findings

This section presents the results of the patient pre-intervention survey.

3.1 **Profile of respondents**

Most respondents were female, and the average age was 51 (Table 3).

Table 3: Demographic profile of respondents PCAT CSEPHC					
		PCAT (n=1,096)		-	
	(n=1,			82)	
	n	%	n	%	
Age	<u>_</u>	i			
Under 18	7	1%	7	1%	
18 to 29	122	11%	102	9%	
30 to 44	238	22%	247	23%	
45 to 64	461	42%	479	44%	
65 or older	223	20%	212	20%	
No response	45	4%	35	3%	
Average age		51 years old	51	years old	
Gender		· ·			
Male	296	27%	297	27%	
Female	763	70%	759	70%	
No response	37	3%	26	2%	

Annual household income was fairly evenly distributed across income categories over \$20,000 (Table 4).

	PCAT (n=1,096)			CSEPI (n=1,0	-
	n	%		n	%
Under \$15,000	66	6%	Under \$20,000	87	8%
\$15,000 to \$34,999	189	17%	\$20,000 to \$39,999	196	18%
\$35,000 to \$49,999	146	13%	\$40,000 to \$59,999	191	18%
\$50,000 to \$79,999	232	21%	\$60,000 to \$89,999	185	17%
\$80,000 or more	208	19%	\$90,000 or more	155	14%
Not sure/don't remember/no response	255	23%	Not sure/don't remember/no response	268	25%

Table 5 presents the results on education and employment, which shows that more than half of the respondents reported that they have some college or vocational schooling or they have completed college or graduate school. As well, most respondents reported that they were employed full-time or part-time, retired, or in school. As seen in Table 5, because the categories *disability* and *homemaker/housewife* in the CSEPHC are not included in the PCAT, the *not employed* and *other* categories are inflated in the PCAT.



	PCAT (n=1,096)		CSEPI (n=1,08	-
	n	%	n	%
Level of education	<u> </u>		N. N	
Did not finish high school	181	17%	175	16%
Got a high school diploma or Graduate Equivalency Diploma	232	21%	220	20%
Had some college or vocational school*	247	23%	208	19%
Finished college or graduate school**	373	34%	357	33%
Other	-	-	79	7%
Not sure/don't remember/no response	63	6%	43	4%
Employment status	<u> </u>		N. N	
Employed full-time	432	39%	474	44%
Employed part-time	184	17%	163	15%
Not employed	85	8%	19	2%
Retired/in school	296	27%	273	25%
Disability***	-	-	64	6%
Homemaker/housewife***	-	-	86	8%
Other	86	8%	42	4%
No response	39	4%	39	4%

Note: Respondents could provide more than one answer for employment status; totals may sum to more than 10 Note: For level of education, totals may not sum to 100% due to rounding.

* For the CSEPHC, this category contains those who said "some community/technical college, CEGEP/nurse's training," and "some university or teacher's college."

** For the CSEPHC, this category contains those who said "completed community/technical college, CEGEP/nurse's training" and "completed university or teacher's college."

*** These categories were not available for those who responded to the PCAT. Respondents may have included these categories in the "not employed" or "other" category.

The largest proportion of respondents said that they have been a patient of their doctor and the clinic for more than seven years (Table 6).

		Patient of	doctor		Patient at clinic	
	PCAT (n=1,096)		CSEPHC (n=1,082)		CSEPHC (n=1,082)	
	n	%	n	%	n	%
Less than 1 year	68	6%	106	10%	87	8%
1 to 2 years	141	13%	129	12%	132	12%
3 to 4 years	112	10%	136	13%	108	10%
5 to 7 years	111	10%	102	9%	75	7%
More than 7 years	454	41%	493	46%	610	56%
Not sure/don't remember/no response	210	19%	116	11%	70	7%

Overall, respondents most often rated their health as *very good* or *good* (Table 7).

Would you say your health is	PCA (n=1,0		CSEPHC (n=1,082)	
	n	%	n	%
Excellent	94	9%	89	8%
Very good	369	34%	376	35%
Good	411	38%	424	39%
Fair	183	17%	144	13%
Poor	22	2%	21	2%
No response	17	2%	28	3%

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The results of the two surveys shown in Table 8 are not entirely comparable.

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

The CSEPHC asks, "Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions: arthritis, asthma, emphysema/chronic obstructive pulmonary disease, cancer, depression, a mood disorder other than depression, diabetes, heart disease, stroke, high pressure/hypertension, or another condition?"

Table 8 shows that respondents were more likely to report a health condition if they were asked specific questions about various conditions, as in the CSEPHC (69% compared to 46% in the PCAT, which asks a more general question about their health).

Table 8: Physical, mental, or emotional problems					
	PCAT (n=1,096)		CSEPHC (n=1,082)		
	n	%	n	%	
Yes	505	46%	744	69%	
No	501	46%	215	20%	
Not sure/don't remember/no response	90	8%	123	11%	
Note: Columns may not sum to 100% due to rounding.					

Respondents to the CSEPHC also provided information on their various chronic conditions and reported they were most commonly diagnosed with or treated for high blood pressure/hypertension, depression, and arthritis (Table 9).

Table 9: Types of chronic health conditions diagnosed				
Has any health professional ever diagnosed you with or treated you for any of the following chronic health	CSEPHC (n=1,082)			
conditions?	n	%		
High blood pressure/hypertension	304	28%		
Depression	226	21%		
Arthritis	218	20%		
Asthma	135	13%		
Diabetes	123	11%		
Heart disease	92	9%		
Cancer	71	7%		
A mood disorder other than depression*	32	3%		
Emphysema or chronic obstructive pulmonary disease	23	2%		
Stroke	16	2%		
Other	251	23%		
No chronic conditions	215	20%		
No response	123	11%		
Note: Respondents could provide more than one answer; totals may sum to * For example, bipolar disorder and dysthymia.	more than 100%.			



3.2 Utilization of services at the clinic

More than 90% of the respondents said they would *definitely* or *probably* see a regular doctor at this clinic (Table 10).⁷ Although slightly different questions were asked on the two surveys, overall results are similar.

Table 10: When you need a regular g	eneral check	up, do you d	come to see a doctor in this cl	inic?	
When you need a regular general checkup, do you come to see a	PCAT (n=1,096)		Do you have a regular medical doctor at this	CSEPHC (n=1,082)	
doctor in this clinic?	n	%	clinic?	n	%
Definitely	968	88%	Yes	1.019	94%
Probably	99	9%	Tes	1,019	9470
Probably not	12	1%	No/no regular medical	36	3%
Definitely not	5	1%	doctor	30	3%
Not sure/don't remember/no response	12	1%	No response	27	3%

3.3 Access to services at the clinic

Forty percent of respondents reported that their clinics have nurses who work with their doctors and are regularly involved in their health care, while 18% reported that their clinic has other health professionals like dieticians and nutritionists (Table 11). These questions were asked only on the CSEPHC.

Table 11: Clinics' use of other health care providers					
	CSE	CSEPHC			
	(n=1	,082)			
	n %				
Does your clinic have nurse(s) who work with your doc	tor and are regularly involv	ed in your health care?			
Yes	433	40%			
No	247	23%			
Not sure/don't remember/no response	402	37%			
Does your clinic have other health professionals like di	eticians and nutritionists w	ho work there?			
Yes	199	18%			
No	266	25%			
Not sure/don't remember/no response	617	57%			

More than half of the respondents reported *definitely* or *probably* being able to get an appointment on the same day if they got sick or needed to get advice quickly over the phone (Table 12). This question was asked only on the PCAT.

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Throughout the report, the combined categories *definitely* and *probably* from the PCAT are compared to the category *yes* from the CSEPHC.

Table 12: Access to appointments or advice whe	n clinic is open					
When your family doctor's office is open	PCAT (n=1,096)					
	n	%				
and you get sick, can you get an appointment on the same day?						
Definitely	123	11%				
Probably	510	47%				
Probably not	290	27%				
Definitely not	90	8%				
Not sure/don't remember/no response	83	8%				
can you get advice quickly over the phone if ye	ou need it?					
Definitely	129	12%				
Probably	433	40%				
Probably not	284	26%				
Definitely not	96	9%				
Not sure/don't remember/no response	154	14%				
Note: Columns may not sum to 100% due to rounding.						

Questions about accessing services at their clinic after hours were posed differently in the two surveys. The questions on the PCAT were specific and offered four categories (Table 13), while the questions on the CSEPHC provided for a yes/no response (Table 14).

- ▶ The PCAT reads, "When your family doctor's office is closed, is there a phone number you can call when you get sick?" and "When your family doctor's office is closed, and you get sick during the night, can someone from the clinic see you that night?"
- The CSEPHC reads, "Does your clinic have after-hours access where patients can be seen by or talk to a doctor or nurse when the practice is closed (not including the emergency department)?"

Almost half of the PCAT respondents (45%) reported *definitely* or *probably* having a phone number to call if they get sick after hours and one-quarter reported *definitely* or *probably* being able to see someone that night if they get sick after hours. Less than one-fifth of CSEPHC respondents (18%) checked off "*yes*" to their clinic having after-hours access.

Note that on both surveys, the largest proportion of respondents was unable to answer these questions.

When your family doctor's office is closed	PCAT (n=1,096)		
is there a phone number you can call when you ge	t sick?		
Definitely	254	23%	
Probably	245	22%	
Probably not	140	13%	
Definitely not	112	10%	
Not sure/don't remember/no response	345	32%	
and you get sick during the night, can someone from	om the clinic see you that n	ight?	
Definitely	88	8%	
Probably	185	17%	
Probably not	245	22%	
Definitely not	246	22%	
Not sure/don't remember/no response	332	30%	



Table 14: After-hours access					
Does your clinic have after-hours access where patients can be seen by or talk to a	CSEPHC (n=1,082)				
doctor or nurse when the practice is closed (not including emergency departments)?	n	%			
Yes	193	18%			
No	387	36%			
Not sure/no response	502	46%			

3.4 Ongoing care at the clinic

The questions about ongoing care at the clinics are slightly different; however, the responses are close, with over 90% of respondents saying *definitely/probably* on the PCAT, or *always/usually* on the CSEPHC (Table 15).⁸

When you come to the clinic, are you taken care of by the same			······································			CSEPHC (n=1,082)	
doctor each time?	n	%	or nurse each time?	n	%		
Definitely	714	65%	Always	682	63%		
Probably	289	26%	Usually	302	28%		
Probably not	67	6%	Sometimes	70	7%		
Definitely not	11	1%	Rarely	12	1%		
Not sure/don't remember/no response	15	1%	Never	1	<1%		
			Not sure/no response	15	1%		

Additional follow-up questions pertaining to ongoing care by patients' primary physician in this subsection were asked on the PCAT only. About two-thirds of the patients reported they would *definitely/probably* be able to speak to the doctor who knows them best (Table 16).

Table 16: If you have a question, can you call and talk to the doctor who knows you best?				
	PCAT (n=1,096)			
	n	%		
Definitely	324	30%		
Probably	408	37%		
Probably not	176	16%		
Definitely not	70	6%		
Not sure/don't remember/no response	118	11%		

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Throughout the report, the combined categories *definitely* and *probably* from the PCAT are compared to the combined categories *always* and *often/usually* from the CSEPHC.

While 73% of the patients said their family doctor *definitely* or *probably* knows them as a person rather than just someone with medical problems, 86% reported that their family doctor *definitely* or *probably* knows what problems are most important to them (Table 17).

Table 17: Family doctor's personal knowledge of respo	ndents		
	PCAT (n=1,096)		
	n	%	
Does your family doctor know you very well as a perso	n, rather than as someone wi	th a medical problem?	
Definitely	432	39%	
Probably	370	34%	
Probably not	197	18%	
Definitely not	48	4%	
Not sure/don't remember/no response	49	5%	
Does your family doctor know what problems are most	important to you?		
Definitely	497	45%	
Probably	452	41%	
Probably not	89	8%	
Definitely not	24	2%	
Not sure/don't remember/no response	34	3%	
Note: Columns may not sum to 100% due to rounding.			

3.5 Use and coordination of specialists and special services

Responses for the questions from the two surveys on use of specialists and special services are not comparable, as the CSEPHC is time bound and the PCAT does not refer to a particular period.

- The PCAT reads, "Have you ever had a visit to any kind of specialist or special service?"
- The CSEPHC reads, "In the past 12 months, how many times have you seen or talked about your mental, emotional, or physical health with a specialist (e.g., surgeon, cardiologist, psychiatrist), a physiotherapist, a social worker or counsellor, a pharmacist, or a dietician?"

For analysis, Table 18 has reduced the categories to yes/no on the CSEPHC by combining the results of patient responses to the various categories. More than 80% of those who answered the PCAT reported a visit to a specialist or special services compared to 33% who answered the CSEPHC, which restricted the time of the interaction.

	%	n	0/		
			%		
904	83%	352	33%		
45	13%	596	55%		
Not sure/don't remember/no response 47 4% 134 12%					
r	45 47 ned an	45 13% 47 4% ned and reduced to a set of the se	45 13% 596		



Respondents reported they most often visited a doctor at their clinic to discuss their mental, emotional, or physical health, reporting an average of 4.8 visits⁹ in the past 12 months. Other health professionals that patients reported visiting most frequently include *pharmacists*, *specialists, doctors at other clinics, and a nurse at this clinic* (Table 19).

Table 19: Number of times patients have seen or talked about their mental, emotional, or physical health with a
health professional

In the past 12 menths, how many times have			CSEPHC (n=1,082)				
In the past 12 months, how many times have you seen or talked about your mental, emotional, or physical health with	Proportion who have used service		have used service		Average number of times out of those who have	Median number of times out of those who have used the	
	n	%	used the service	service			
A doctor at this clinic	949	88%	4.8	4.0			
A pharmacist	467	43%	4.5	2.0			
A specialist*	435	40%	2.7	2.0			
A doctor somewhere other than this clinic (not including specialists)	321	30%	2.5	2.0			
A nurse at this clinic	226	21%	2.8	2.0			
A physiotherapist	166	15%	7.1	3.0			
A social worker or counsellor	89	8%	5.1	3.0			
A dietician	67	6%	2.4	2.0			

* For example, surgeon, cardiologist, and psychiatrist.

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About three-quarters of respondents who visited a specialist or special service said that they *definitely* or *probably* discussed with their doctor where to get help with their problem (Table 20).

Did your family doctor discuss with you the different places you could have gone to get	(n=904)		
help with that problem?	n	%	
Definitely	451	50%	
Probably	238	26%	
Probably not	93	10%	
Definitely not	49	5%	
Not sure/don't remember/no response	73	8%	

This average has been calculated out of patients who reported using the service at least one time in the past 12 months.



When looking at the coordination of specialists or special services, results from both surveys are similar, with more than 80% of respondents reporting that someone in their clinic would *definitely/probably* or *always/often* help coordinate specialist appointments (Table 21). Note that the PCAT results are based only on patients who reported visiting a specialist or special service, while the CSEPHC is based on all respondents.

Did someone in the clinic help you make the appointment for that visit?	PC Those wh a speci special (n=9	no visited alist or service	Does your doctor or clinic help you coordinate care from other doctors and places when you need it?	CSEP All respor (n=1,0	ndents
	n	%		n	%
Definitely	634	70%	Always	659	61%
Probably	148	16%	Often	215	20%
Probably not	27	3%	Sometimes	100	9%
Definitely not	59	7%	Rarely	18	2%
Not sure/don't remember/no response	36	4%	Never	7	1%
			Not sure/no response	83	8%

Eighty-four percent of patients who had visited a specialist or special service reported that their family doctor *definitely* or *probably* wrote a letter to explain the referral (Table 22).

Table 22: Writing a letter for specialist Did your family doctor write a letter for you to take or mail a letter to the specialist regarding the purpose of the visit?	Those who visited a spe	PCAT ed a specialist or special service (n=904)		
the purpose of the visit?	n	%		
Definitely	605	67%		
Probably	152	17%		
Probably not	30	3%		
Definitely not	42	5%		
Not sure/don't remember/no response	75	8%		

For Table 23, questions on follow-up are worded differently, but essentially ask the same question. However, the CSEPHC refines the time of the visit to the most recent one:

- The PCAT reads, "After you went to the specialist or special service, did your family doctor talk with you about what happened at that visit?"
- ➤ The CSEPHC reads, "After the most recent time you saw or talked to a specialist about your mental, emotional, or physical health, did you have a follow-up appointment at your doctor's office to talk about those health issues?"



More than 80% of PCAT respondents said they *definitely* or *probably* talked with their family doctor about a specialist or special service appointment, compared to 65% of CSEPHC respondents whose question is based on the "most recent time" (Table 23).

Table 23: Follow-up with family docto After you went to the specialist or special service, did your family doctor talk with you about what happened at that visit?	PCAT Those who had a visit to a specialist or special service (n=904)		t or special service visit After the most recent time you saw or talked to a specialist about your mental, emotional, or physical health, did you have a follow-up appointment at your doctor's office to talk about those	CSEPHC Those who had a visit to a specialist or special service (n=751)	
	n	%	health issues?	n	%
Definitely	566	63%	Yes	488	65%
Probably	197	22%	res	400	00%
Probably not	57	6%	No	228	30%
Definitely not	41	5%		220	30%
Not sure/don't remember/no response	43	5%	No response	35	5%

3.5.1 Use of emergency services

Questions about emergency services are asked only on the CSEPHC. Almost one-third of the respondents reported using a hospital emergency department at least once in the past year. On average, patients used the hospital emergency department once in the past 12 months (Table 24).

How many times have you personally used a hospital emergency department in the past 12	CSEPHC (n=1,082)		
months?	n	%	
None	633	59%	
1 time	205	19%	
2 or 3 times	125	12%	
4 or more times	35	3%	
No response	84	8%	
Average number of times	· · · · · · · · · · · · · · · · · · ·	1 time	

About one-quarter of respondents indicated that their last visit to a hospital emergency department was for a condition that their doctor could have treated, had he or she been available; 44% could not answer the question (Table 25).

Table 25: Use of emergency for a condition that c	ould have been treated b	y a family doctor		
Thinking about the last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your doctor if he/she had been	CSEPHC (n=1,082)			
available?	n	%		
Yes	261	24%		
No	344	32%		
Don't know/no response	477	44%		



Services available at the clinic 3.6

Almost 90% of respondents to the CSEPHC agreed (*strongly agree* or *agree*) that their clinic delivers a range of services that meet most or all of their primary health care needs (Table 26).

(n=1,082	C 2)
n	%
394	36%
568	53%
41	4%
5	1%
74	7%
_	n 394 568 41 5

The question on the PCAT is more specific, with four choices (Table 27). Respondents to the PCAT said that their family doctor's office definitely or probably offers the following services:

- immunizations (shots) (81%)
- family planning or birth control methods (64%)
- sewing up a cut that needs stitches (58%)
- counselling for mental health problems (55%)

However, 13% to 30% of respondents could not answer the question.

doctor's of	fice						
PCAT							
				096)			
		or birth o	control	that n	eeds	Counsel mental proble	health
n	%	n	%	n	%	n	%
617	56%	492	45%	341	31%	289	26%
268	25%	204	19%	292	27%	312	29%
40	4%	26	2%	117	11%	103	9%
30	3%	84	8%	42	4%	67	6%
141	13%	290	26%	304	28%	325	30%
	Immuniz (sho 617 268 40 30	617 56% 268 25% 40 4% 30 3%	Immunizations (shots) Family p or birth meth n % n 617 56% 492 268 25% 204 40 4% 26 30 3% 84	PC. (n=1, Immunizations (shots) Family planning or birth control methods n % 617 56% 492 45% 268 25% 204 19% 40 4% 26 2% 30 3% 84 8%	PCAT (n=1,096) Immunizations (shots) Family planning or birth control methods Sewing u that ne stitcl n % n 8 617 56% 492 45% 341 268 25% 204 19% 292 40 4% 26 2% 117 30 3% 84 8% 42	PCAT (n=1,096) Immunizations (shots) Family planning or birth control methods Sewing up a cut that needs stitches n % n % 617 56% 492 45% 341 31% 268 25% 204 19% 292 27% 40 4% 26 2% 117 11% 30 3% 84 8% 42 4%	PCAT (n=1,096) Immunizations (shots) Family planning or birth control methods Sewing up a cut that needs stitches Counsel mental proble n % n % n % n 617 56% 492 45% 341 31% 289 268 25% 204 19% 292 27% 312 40 4% 26 2% 117 11% 103 30 3% 84 8% 42 4% 67





3.7 Services received at the clinic

3.7.1 Advice on nutrition and physical activity

Table 28 shows that most respondents to the PCAT (79%) reported that they would *definitely* or *probably* receive advice from their family doctor on the topic of healthy and unhealthy foods. This question on nutrition was asked only on the PCAT.

Table 28: Received advice about healthy and unhealthy foods					
	PC	AT			
	(n=1,096)				
	n	%			
Definitely	436	40%			
Probably	431	39%			
Probably not	84	8%			
Definitely not	40	4%			
Not sure/don't remember/no response	105	10%			
Note: Columns may not sum to 100% due to rounding.					

Responses for the questions on the two surveys about receiving advice from a doctor or health professional on exercise or physical activity are not comparable, as the CSEPHC question is time bound and refers to a health professional, whereas the PCAT refers to the family doctor and does not mention a particular time period.

The PCAT asks the respondent if they have received from his or her family doctor "advice about appropriate exercise for you," while the CSEPHC asks, "In the last 12 months, how often did you talk with a health professional about exercise or physical activity?"

While 77% of PCAT respondents said that their family doctor *definitely* or *probably* provided them with advice about appropriate exercise, only 14% of CSEPHC respondents reported that in the last 12 months, a health professional *always* or *usually* talked with them about exercise or physical activity. Table 29 presents the results.

Received advice about appropriate	PCAT (n=1,096)		In the last 12 months, how often did you talk with a health	CSEPHC (n=1,082)	
exercise from your family doctor	n	%	professional about exercise or physical activity	n	%
Definitely	383	35%	Always	44	4%
Probably	465	42%	Usually	106	10%
Probably not	83	8%	Sometimes	271	25%
Definitely not	41	4%	Rarely	169	16%
Not sure/don't remember/no response	124	11%	Never	357	33%
			Not sure/no response	135	13%



Less than one-fifth of respondents said that they *always* or *usually* spoke with a health professional about maintaining a healthy body weight in the past 12 months (Table 30). This question, specifically on body weight, was asked only on the CSEPHC.

CSEPHC (n=1,082)		
n	%	
43	4%	
108	10%	
260	24%	
162	15%	
374	35%	
135	13%	
	(n=1,082) n 43 108 260 162 374	

3.7.2 Discussion on smoking cessation and alcohol consumption

Very few respondents reported that they *always* or *usually* talked with a health professional in the past 12 months about smoking cessation¹⁰ (4%) or about limiting alcohol consumption (1%). For each question, about one-third of the patients did not provide a response. Table 31 presents the results.

Table 31: Discussed smoking cessation and alcohol const	umption with a health profes	ssional	
	CSEPHC (n=1,082)		
	n	%	
In the past 12 months, how often did you talk with a health	professional about smokin	g cessation?	
Always	11	1%	
Usually	33	3%	
Sometimes	65	6%	
Rarely	41	4%	
Never	546	51%	
Not sure/no response	386	36%	
In the past 12 months, how often did you talk with a health	professional about limiting	alcohol consumption?	
Always	4	<1%	
Usually	7	1%	
Sometimes	36	3%	
Rarely	42	4%	
Never	634	59%	
Not sure/no response	359	33%	
Note: Columns may not sum to 100% due to rounding.		·	



Note that respondents were not asked if they have smoked in the past 12 months; therefore, it is not possible to calculate the proportion of respondents out of those who smoke.

3.7.3 Advice on safety issues

Patients were asked only on the PCAT if they received advice about safety issues from their family doctor. As shown in Table 32:

- ▶ 44% reported that their family doctor *definitely* or *probably* gave them advice on exposure to harmful substances
- ▶ 38% reported that they *definitely* or *probably* received advice from their family doctor on seatbelt and child safety seat use
- ▶ 37% reported that their family doctor *probably or definitely* did not give them advice on home safety
- ▶ 29% to 34% of patients were not able to say either way if they received such advice about these matters

		PCAT (n=1,096)					
	possible ex harmful sub home, at wo	Received advice on possible exposure to harmful substances in home, at work, or in the neighbourhood		Received advice on seatbelt use or child safety seats		Received advice on home safety, like getting and checking smoke detectors and storing medicine safely	
	n	%	n	%	n	%	
Definitely	125	11%	119	11%	81	7%	
Probably	358	33%	291	27%	246	22%	
Probably not	200	18%	192	18%	254	23%	
Definitely not	91	8%	116	11%	148	14%	
Not sure/don't remember/no response	322	29%	378	34%	367	33%	

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

Patients 65 years of age or older were asked whether their family doctors discussed how to prevent falls and how to prevent hot water burns. As seen in Table 33, respondents reported they *definitely* or *probably* received advice on preventing falls (45%) and hot water burns (38%).

	PCAT Those who are 65 years old or older (n=223)				
	Received advice on how to prevent falls prevent hot w				
-	n	%	n	%	
Definitely	28	13%	19	9%	
Probably	72	32%	64	29%	
Probably not	26	12%	30	14%	
Definitely not	19	9%	22	10%	
Not sure/don't remember/no response	78	35%	88	39%	



3.7.4 Discussion on conflict management

The PCAT included a question on family conflict. Some respondents (39%) reported that their family doctor (*definitely* or *probably*) discussed ways to handle family conflicts, but 30% reported their doctor *probably* or *definitely* did not, and another 31% were not able to answer the question (Table 34).

Table 34: Discussed ways to handle family conf	licts that may arise from time to	time		
	PCAT (n=1,096)			
	n	%		
Definitely	111	10%		
Probably	319	29%		
Probably not	208	19%		
Definitely not	118	11%		
Not sure/don't remember/no response	340	31%		

3.7.5 Advice and discussion about medical issues

The questions about cholesterol levels in blood are not comparable. Again, the CSEPHC restricts the time frame for the question, asking, "*In the past 12 months, did you get the following at this clinic...cholesterol measurement?*" The PCAT is more general, and asks whether the respondents have received "*tests for cholesterol levels in your blood*" from their family doctor.

Of the PCAT respondents, who were asked a general question about having received tests for cholesterol from their family physician, 92% said they had, compared with 54% of CSEPHC respondents, whose question on cholesterol measurement was limited to the past 12 months (Table 35).

Table 35: Received tests for cholester	ol levels in	blood			
Received tests for cholesterol	PCAT (n=1,096)		In the past 12 months, did you get a cholesterol	CSEPHC (n=1,082)	
levels in blood	levels in blood n % measurement at this cl		measurement at this clinic	n	%
Definitely	793	72%	Yes	589	54%
Probably	214	20%	res		54%
Probably not	17	2%	No	331	31%
Definitely not	17	2%	NO		31%
Not sure/don't remember/no response	55	5%	Not sure/no response	162	15%
Note: Columns may not sum to 100% due to	rounding.		· · ·	÷	

Questions about medications are also not comparable because of the way in which they are asked in the two surveys. While the intent of both questions are essentially the same, the PCAT asks whether their family doctor "checked on and discussed current medications" with the patients. The CSEPHC asks the time-bound question, "In the past 12 months, how often has your doctor reviewed and discussed all of the different medications you are using, including medicines prescribed by other doctors?"



While 94% of PCAT respondents reported that their family doctor *definitely* or *probably* checked on and discussed the medications they were taking, fewer (63%) of the CSEPHC respondents answered *always* or *often* to the time-limited question (Table 36).

Checked on and discussed current medications	PCAT (n=1,096)		In the past 12 months, how often has your doctor reviewed and discussed all of the different medications you are using, including medicines	CSEPHC Those who have been using medication over the past 12 months (n=895)	
	n	%	prescribed by other doctors	n	%
Definitely	827	75%	Always	358	40%
Probably	204	19%	Often	202	23%
Probably not	16	2%	Sometimes	158	18%
Definitely not	7	1%	Rarely	46	5%
Not sure/don't remember/no response	42	4%	Never	70	8%
			Not sure/no response	61	7%

Only on the PCAT were female patients asked about whether their doctor had discussed how to prevent osteoporosis and fragile bones and how to care for menstrual or menopause problems. Results among the two questions were similar, with 80% and 78%, respectively, reporting that their family doctor had *definitely* or *probably* discussed each of those topics with them (Table 37).

Table 37: Discussed female-specific topi	cs with family doc	tor				
		PC	AT			
	Female respondents					
(n=763)						
	How to prevent osteoporosis or Care for common mensu					
	fragile	bones	menopause problems			
	n	%	n	%		
Definitely	345	45%	362	47%		
Probably	270	35%	233	31%		
Probably not	36	5%	27	4%		
Definitely not	18	2%	23	3%		
Not sure/don't remember/no response	94	12%	118	15%		
Note: Columns may not sum to 100% due to rour	nding.					



3.7.6 Testing and services received

Respondents most often reported that they have received blood pressure, body weight, and blood sugar measurements at their clinic in the past 12 months (Table 38). This question was asked only on the CSEPHC.

In the past 12 months, did you get the	CSEPHC (n=1,082)		
following at this clinic	n	%	
Blood pressure measurement	859	79%	
Body weight measurement	708	65%	
Blood sugar measurement	555	51%	
Cervical cancer screening (Pap test)	415	38%	
Flu shot	308	29%	
Colon cancer screening (FOBT)	189	18%	
Breast cancer screening (mammogram)	186	17%	
Note: Respondents could provide more than one answer; tota	als will sum to more than 100%.		

3.8 Family-centeredness at the clinic

Respondents were asked two questions about family-centered services at their clinic. As shown in Table 39:

- The majority of respondents (89%) indicated that their family doctor *definitely* or *probably* asks questions about illnesses or problems that may run in their family.
- Many respondents saw their clinics as being family-centered, with 71% reporting that their doctor *definitely* or *probably* asks about their ideas and opinions when planning treatment and care for them or family members.

Table 39: Family-centeredness at clinic	PCAT (n=1,096)						
	Has your famil about illness of might run in	problems that	Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or family members?				
	n	%	n	%			
Definitely	759	69%	407	37%			
Probably	221	20%	370	34%			
Probably not	31	3%	101	9%			
Definitely not	23	2%	64	6%			
Not sure/don't remember/no response	62	6%	154	14%			



3.9 Community orientation at the clinic

About half of the patients thought that their family doctor was aware of the important health problems in their community. Just over half of the respondents (52%) indicated that clinic staff would *probably not* or *definitely not* make home visits. Another 37% were not able to answer the question (Table 40).

	PCAT (n=1,096)						
	Do you think you knows about t health proble neighbou	he important ems of your	Does anyone in this clinic ev make home visits?				
	n	%	n	%			
Definitely	191	17%	48	4%			
Probably	376	34%	76	7%			
Probably not	202	18%	238	22%			
Definitely not	76	7%	326	30%			
Not sure/don't remember/no response	251	23%	408	37%			

As seen in Table 41, around half of the respondents do not know if their family doctors conduct patient surveys to assess if they are meeting the needs of the patients (48%), nor do they know if their family doctors ask family members to be on the Board of Directors or advisory committees (58%).

	PCAT (n=1,096)						
	Does s/he do sur to see if the servi people's	ces are meeting	Does s/he ask family members be on the Board of Directors advisory committee?				
	n	%	n	%			
Definitely	104	10%	22	2%			
Probably	224	20%	86	8%			
Probably not	149	14%	191	17%			
Definitely not	90	8%	160	15%			
Not sure/don't remember/no response	529	48%	637	58%			



3.10 Cultural competency

Three-quarters of the respondents said they would *definitely* or *probably* recommend their physician to someone who does not speak English well, while more than half (59%) would recommend their doctor to someone who uses folk medicine or has special beliefs about health care (Table 42).

Table 42: Cultural competency of doctor		PC	۸T			
	PCAT (n=1,096)					
	Would you reco family physicial who does not s well	n to someone peak English	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?			
	n	%	n	%		
Definitely	443	40%	305	28%		
Probably	380	35%	337	31%		
Probably not	118	11%	210	19%		
Definitely not	18	2%	45	4%		
Not sure/don't remember/no response	137	13%	199	18%		

3.11 Satisfaction with health care in the past 12 months

The majority of respondents rated the quality of health care that they have received over the past 12 months as *excellent* or *very good*, while very few rated it as *fair* or *poor* (Table 43).

Table 43: Rating of the quality of health care							
Overall, how do you rate the quality of health	CSEPHC (n=1,082)						
care that you have received in the past 12 months?	Your d	loctor	This clinic				
months ?	n	%	n	%			
Excellent	638	59%	499	46%			
Very good	297	27%	336	31%			
Good	113	10%	162	15%			
Fair	22	2%	42	4%			
Poor	5	1%	10	1%			
No response	7	1%	33	3%			

As shown in Table 44, when respondents were asked about their experiences with their primary health care provider in the past 12 months:

- ▶ 85% said their doctor *always* or *usually* took their health concerns very seriously
- ▶ 74% said their doctor *always* or *usually* explained their test results clearly
- ▶ 73% said their doctor *always* or *usually* allowed them enough time to discuss any concerns about their health
- ▶ 56% said their doctor *always* or *usually* involved them in decisions about their health
- ▶ 53% said their doctor *always* or *usually* showed them how they had influence over their own health



	CSEPHC (n=1,082)										
In the past 12 months, how often did your doctor	Take your health concerns very seriously?		Explain your test results in a way that you could understand?		Allow you enough time to discuss your feelings, fears, and concerns about your health?		Involve you in clinical decisions about your health care?		Show you that what you did to take care of yourself influenced your health?		
	n	%	n	%	n	%	n	%	'n	%	
Always	713	66%	626	58%	574	53%	446	41%	366	34%	
Usually	201	19%	175	16%	217	20%	160	15%	210	19%	
Sometimes	77	7%	100	9%	129	12%	133	12%	171	16%	
Rarely	20	2%	37	3%	39	4%	43	4%	53	5%	
Never	11	1%	37	3%	29	3%	71	7%	87	8%	
Not sure/no response	60	6%	107	10%	94	9%	229	21%	195	18%	

* e.g., decisions about screening tests for cancer, cardiovascular risk assessment, family planning

The PCAT asks whether patients would recommend their family doctor, while the CSEPHC asks whether they would recommend their clinic. The results are fairly similar, with over 90% of respondents saying *definitely/probably* or *strongly agree/agree* that they would recommend their doctor or clinic (Table 45).

Would you recommend your family doctor to a friend or relative?	PCAT (n=1,096)		I would recommend my clinic to a	o a CSEPHC (n=1,082)	
doctor to a friend or relative?	n	%	friend or relative	n	%
Definitely	774	71%	Strongly agree	511	47%
Probably	238	22%	Agree	492	46%
Probably not	42	4%	Disagree	23	2%
Definitely not	10	1%	Strongly disagree	8	1%
Not sure/don't remember/no response	32	3%	Not sure/no response	48	4%

3.11.1 Issues with accessing services

As shown in Table 46, respondents most often reported that they required *routine or ongoing* care such as checkups and blood tests (73%) or health information or advice (60%). Respondents reported the most difficulty accessing immediate health care services for a minor health problem (23%).

Table 46: Problems with accessing care in the past 12 months							
	CSEPHC						
In the past 12 months, did you require any of the following? If yes, did you have difficulty accessing this care?	Required (n=1,0		Those who required care who had difficulty accessing care				
	n	%	n	%			
Routine or ongoing care*	793	73%	71	9%			
Health information or advice	650	60%	80	12%			
A visit to a specialist for a diagnosis or a consultation	497	46%	86	17%			
Immediate health care services for a minor health problem**	473	44%	107	23%			
Note: Respondents could provide more than one answer; totals will sum to m * For example: checkups or blood tests. ** For example: fever, headache, a sprained ankle, vomiting, or an unexplain							



For those who experienced difficulties accessing *routine or ongoing care* or *immediate health care services for a minor health problem*, the most common difficulties experienced included:

- waiting too long to get an appointment
- difficulties with getting an appointment
- waiting too long on the day of the appointment to see the doctor
- difficulties with getting a doctor

Table 47 presents a summary of the results.

Table 47: Types of difficulty experienced in getting routine services for a minor health problem	or ongoing c	are or immed	liate health ca	re			
	CSEPHC Respondents who had difficulty accessing care for						
What types of difficulties did you experience?	Routine oi ca (n=	re	Immediate health care services for all minor health problems (n=107)				
	n	%	n	%			
I had to wait too long to get an appointment	45	63%	49	46%			
Difficulty getting an appointment	39	55%	66	62%			
I had to wait too long on the day of the appointment	30	42%	28	26%			
Difficulty getting a doctor	15	21%	41	38%			
The service I needed was not available in my area	9	13%	8	8%			
The service I needed was not available when I needed it	7	10%	18	17%			
Transportation problems	6	9%	6	6%			
Cost	6	9%	2	2%			
I do not have a regular family doctor	4	6%	3	3%			
Language problems	3	4%	5	5%			
I did not know where to go	1	1%	1	1%			
I was unable to leave the house because of a health problem	-	-	8	8%			
Other	3	4%	6	6%			
No response	7	10%	12	11%			
Note: Respondents could provide more than one answer; totals may su	um to more than	100%.	·				

Respondents waited an average of 2.4 weeks for routine or ongoing care (Table 48).

	CSEPHC (n=1,082)	
	n	%
No wait	42	4%
1 week or less	217	20%
1 to 2 weeks	109	10%
2 to 4 weeks	91	8%
More than 4 weeks	61	6%
No response	562	52%
Average length of time		2.4 weeks



Respondents waited an average of 6 days for immediate health care services for a minor problem (Table 49).

	CSEPHC (n=1,082)	
	n	%
No wait	85	8%
1 or 2 days	164	15%
3 to 7 days	117	11%
More than 7 days	66	6%
No response	650	60%
Average length of time		6.0 days

Respondents waited an average of 7.5 weeks for a visit to a specialist for a diagnosis or consultation (Table 50).

		CSEPHC (n=1,082)			
	n	%			
No wait	36	3%			
1 week or less	42	4%			
1 to 2 weeks	46	4%			
2 to 4 weeks	79	7%			
4 to 8 weeks	70	7%			
8 to 16 weeks	60	6%			
More than 16 weeks	36	3%			
No response	713	66%			
Average length of time		7.5 weeks			



PRA

4.0 Summary of the pre-intervention PIN Patient Survey

Below is a summary of the key findings from the pre-intervention PIN Patient Survey:

Utilization of services in the clinic

• The vast majority of patients responding to the survey see a regular doctor at the clinic they attend, and most have been a patient of their doctor and the clinic for over seven years.

Access to services at the clinic

- Several clinics have nurses who work with the doctors and are regularly involved in patient health care; fewer clinics have employed other allied medical professionals.
- More than half of the patients believe that if they are sick when the clinic is open, they could get an appointment on the same day or get advice quickly over the phone. Fewer believe they would be able to call for advice or see someone from the clinic when the facility is closed.
- Few patients think that staff from their clinic would make home visits.

Ongoing care at the clinic

- Patients are almost always seen by the same doctor or nurse, and most believe their family doctor knows them as a person, and is aware of their problems.
- Patients most often see their own doctor at the clinic about mental, emotional, or physical health issues before going elsewhere to a specialist or other health professional. Those who do go to a specialist or special service most likely first discussed the referral with their doctor. Likewise, most family doctors will have written a referral letter for the patient to take or mail to the specialist or special service.

Emergency services

More than half of the patients responding to the survey have not used a hospital emergency department in the past 12 months, while about one-third of the patients used it once or more. Patients believe that most of the emergency hospital visits were for conditions that were likely treatable at their clinic, had the doctor been available.

Services available at the clinic

 Most patients report that their clinic provides immunization (shots) and testing for cholesterol, blood pressure, blood sugar, and body weight measurement. Several have also received family planning/birth control information, had a cut stitched up, or received counselling for mental health problems. A large proportion of patients were not able to comment on whether their clinic offered the latter three services, likely because they had never requested them.



- The clinic doctors generally offer advice about healthy eating and exercise, and discuss the medications patients are taking, while it appears that few talk with their patients about body weight, smoking cessation, alcohol consumption, seatbelts, home safety, exposure to harmful substances, or family conflicts.
- Most female patients have spoken with their doctor about preventing osteoporosis and dealing with menstrual or menopause issues. Some of the seniors were given advice on preventing hot water burns and falls.

Family-centeredness at the clinic

 Many patients believe their clinic is family-centered, saying that their doctor asks about their ideas and opinions when planning treatment and care for them or family members. In most cases, the family doctor asks patients about illnesses or problems that may run in their family.

Community orientation at the clinic

- About half of the patients think their family doctor knows what health problems are important in their community. Few know whether their family doctor surveys patients to assess if they are meeting patients' needs.
- Nearly all of the patients who responded to the survey would recommend their doctor or clinic. Most say they would recommend their physician to someone who does not speak English well, and more than half say that they would recommend their doctor to someone who uses folk medicine or has special beliefs about health care.

Satisfaction with health care in the past 12 months

- The majority of patients rate the quality of health care received over the past 12 months as *excellent* or *very good*. Most say that their doctor took their health concerns very seriously, clearly explained their test results, and allowed enough time to discuss their health concerns.
- Some of the patients say that their doctor involves them in clinical decisions about their health and shows them how they influence their own health.
- Patients most often report that they required routine or ongoing care such as checkups and blood tests, health information, or advice in the past 12 months. Those who required care in the past 12 months had the most difficulty accessing immediate health care services for a minor health problem. The most common difficulties were long wait times for an appointment, problems getting an appointment, and waiting too long to see the doctor on the day of the appointment.
- Wait times from when respondents needed care to when they received it varied according to the type of care that they needed. Respondents had to wait an average of 2.4 weeks for routine or ongoing care, 6 days for immediate services for a minor problem, and 7.5 weeks for a visit to a specialist for a diagnosis or consultation.



4.1 Comparison of and issues with the PCAT and CSEPHC

Demographic questions

In general, the CSEPHC covers the demographic questions in more detail than the PCAT and many more categories are offered. For example, the question on employment status in the PCAT provides for five categories (*employed full-time, employed part-time, not employed, retired/in school, other*), whereas the CSEPHC includes eight detailed categories that include *looking after home/family* and *unable to work due to long-term sickness or disability*. Without these categories, the PCAT's *not employed* and *other* are inflated, relative to the CSEPHC. Other examples include: highest level of education in the CSEPHC lists 10 detailed choices compared to four in the PCAT, and PCAT's annual income question ranges from *Under \$5,000* to \$80,000 *or more,* with categories increasing at various levels of \$5,000, \$10,000, and \$15,000 as income rises, while the CSEPHC begins at *Under \$10,000,* and moves up in \$10,000 categories consistently to \$100,000 or more.

Questions on services

The CSEPHC uses time-bound questions with specific response choices; for example, "In the past 12 months, how many times have you seen or talked about your mental, emotional, or physical health with a specialist? (e.g., surgeon, cardiologist, psychiatrist)." The PCAT uses more general questions and does not specify a time period, which generally increases the number of responses. For example, the PCAT question, "Have you ever had a visit to any kind of specialist or special services?" resulted in more than 80% responding in the affirmative, whereas the more detailed and time-limited question in the CSEPHC resulted in only 33% agreeing. In these cases, the controlled period of time and specific response choice limits the answer available to survey respondents, while the PCAT question leaves the definition of specialist or special service open for respondents' interpretation and provides no limit on the time of the visit or visits.

The CSEPHC was intended as a telephone interview, whereas the PCAT is structured as a selfadministered questionnaire and could be used either way. Since our version of the CSEPHC survey was self-administered, to avoid confusion, we did not use the probe to distinguish "*Never in past 12 months*" from "*Not applicable*." The addition of this probe may have reduced the difference in some of the responses between the CSEPHC and the PCAT.

Another issue with the CSEPHC is that some of the questions ask "how often....." with response categories that include "often." For example, "How often does your [primary care provider] help you coordinate the care you receive from other doctors and places when you need it?" Categories are: always, often, sometimes, rarely, never, not applicable, don't know. For the sake of clarity, where this occurred in the questionnaire, we changed often to usually in the report.

To conclude, most of the questions, though similar, are not the same in the two surveys. Therefore, for consistency in comparing Phase 1 with both stages of Phase 2, the PCAT may be preferable.

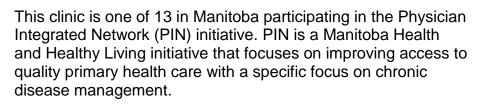


Appendix A – Surveys



Evaluation of the Physician Integrated Network

PATIENT SURVEY



Manitoba Health and Healthy Living, in collaboration with PRA Inc., an independent research firm, is currently evaluating the PIN initiative. The information collected will help Manitoba Health and Healthy Living identify the strengths of the PIN initiative as well as opportunities for improvement, and to determine whether the PIN initiative is achieving its goals.

Your input is important. We would greatly appreciate if you would please take the time to complete this questionnaire. The purpose of this questionnaire is to collect information from patients before the start of the PIN initiative to compare with information that will be collected at a later point in time.

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

If you have any questions about the survey, please call Manitoba Health and Healthy Living at 204-788-6490.

Please place your completed questionnaire in the envelope provided. Seal the envelope to protect your privacy, and return it to the staff member who gave it to you.

Primary Health Care

 Do you usually come to <u>THIS clinic</u> when you are sick or need advice about your health?

 \Box_1 Yes

- Does the doctor/doctors in <u>THIS clinic</u> know you relatively well (i.e., would they know you by name and face)?
 - $\Box_0 \text{ No } \Box_1 \text{ Yes}$
- Is <u>THIS clinic</u> the most responsible for your health care (i.e., follow-ups, maintains your chart etc.)?
 - $\square_0 \operatorname{No} \square_1 \operatorname{Yes}$

Instructions:

 $\square_0 \mathsf{No}$

- If you answered <u>YES to ANY of the three questions above</u>, please complete the rest of the survey keeping this doctor and clinic setting in mind.
- If you answered <u>NO to ALL three questions above</u>, please do not go any further and kindly return this survey to the front desk. Thank you for your time.
- 4. Do you have a regular medical doctor?

 \square_0 No \square_1 Yes

Does your clinic have...

and places when you need it? \square_4

If yes, is your regular doctor at <u>THIS</u> clinic? \Box_0 No \Box_1 Yes

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

CLINIC

5.

5.	Dees your child have						Net
					Yes	No	Not sure
a)	nurse(s) who work with your doctor and your health care?	•	•		🗆 1	\Box_{0}	□8
b)	other health professionals like dietician work there?				🗆 1	\Box_{0}	□8
c)	after-hours access where patients can doctor or nurse when the practice is clo emergency departments)?	osed (not ii	ncluding		·· 1	□ ₀	□ ₈
6.	At your clinic, how often						Not
		Always	Often	Sometimes	Rarely	Never	sure
a)	are you taken care of by the same doctor or nurse each time?		□ 3	2		\Box_{0}	□8
b)	does your doctor or clinic help you coordinate care from other doctors						

□3

2

□1

□0

8

CONFIDENTIAL WHEN COMPLETED

7. How strongly do you agree with the following statements?

		Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a)	My clinic delivers a range of services that meet most or all of my primary health care needs		□ ₃			□8
b)	I would recommend my clinic to a friend or relative	4	□ ₃	2		□8

HEALTH CARE UTILIZATION

 In the past 12 months, how many times have you seen or talked about your mental, emotional, or physical health with...
 Number of times

a)	a doctor at this clinic	
b)	a doctor somewhere other than this clinic (not including specialists)	
c)	a specialist (e.g., surgeon, cardiologist, psychiatrist)	
d)	a nurse at this clinic	
e)	a physiotherapist	
f)	a social worker or counsellor	
g)	a pharmacist	
h)	a dietician	

9. After the most recent time you saw or talked to a specialist about your mental, emotional, or physical health, did you have a follow-up appointment at your doctor's office to talk about those health issues?

 \square_1 Yes \square_0 No \square_7 Not applicable, did not see a specialist

10. In the past 12 months, how often did you...

		Always	Often	Sometimes	Rarely	Never	applicable/ Not sure
a)	talk with a health professional about smoking cessation?	4	□ ₃			□ ₀	□8
b)	talk with a health professional about limiting alcohol consumption?	□4	□ ₃	2		□ 0	□8
c)	talk with a health professional about exercise or physical activity?		□ ₃	2		0	□8
d)	talk with a health professional about maintaining a healthy body weight?	4	□ ₃	\square_2	□1	□ ₀	□8

Not

EXPERIENCES WITH PRIMARY HEALTH CARE PROVIDERS

The next questions are about your experiences when receiving health care from the doctor who is most responsible for your regular care. If you've seen more than one doctor, please think about the one who is most responsible for your care.

^{11.} In the past 12 months, how often did your doctor...

		Always	Often	Sometimes	Rarely	Never	Not applicable/ Not sure
a)	explain your test results in a way that you could understand (e.g., blood tests, x-rays, or cancer screening tests)?		□ ₃	□ ₂		□₀	□8
b)	take your health concerns very seriously?		\square_3	2		□ 0	□8
c)	involve you in clinical decisions about your health care (e.g., decisions about screening tests for cancer, cardiovascular risk assessment, family planning)?			2		□₀	□8
d)	allow you enough time to discuss your feelings, fears, and concerns about your health?		□ ₃	2		□ ₀	□ ₈
e)	show you that what you did to take care of yourself influenced your health?		□ ₃			□ ₀	□8

12. Overall, how do you rate the quality of health care that you have received in the past 12 months from...

-	Excellent	Very good	Good	Fair	Poor
a) your doctor?	4	\Box_{3}	2		\Box_0
b) this clinic?	4	\Box_{3}	2		\Box_{0}

ACCESS TO HEALTH CARE

The next questions are about any problems you may have had accessing care that you may have needed in the past 12 months.

13. In the past 12 months, did you require any of the following? If yes, did you have difficulty accessing this care?

	Require		Have di get		
	Yes	No	Yes	No	
a) Health information or advice	□ 1	0	□ 1	0	
b) Routine or ongoing care (e.g., check ups, blood tests)	□ ₁	\Box_{0}		0	
 c) Immediate health care services for a minor health problem (e.g., fever, headache, a sprained ankle, vomiting, 					
unexplained rash)	□ ₁	□ ₀		\Box_{0}	
d) A visit to a specialist for a diagnosis or a consultation	□ ₁	\Box_{0}		0	

14. If you had difficulty getting **ROUTINE OR ONGOING CARE** or **IMMEDIATE HEALTH CARE SERVICES FOR A MINOR HEALTH PROBLEM**, what types of difficulties did you experience? Check <u>ALL</u> that apply.

	Routine or ongoing care (e.g., check ups, blood tests)	Immediate health care services for a minor health problem (e.g., fever, headache, sprained ankle, vomiting, unexplained rash)
No difficulties	□₀0	
Difficulty contacting a doctor	01	□ ₀₁
Difficulty getting an appointment	02	02
I do not have a regular family doctor	□ ₀₃	□ ₀₃
I had to wait too long to get an appointment	04	04
I had to wait too long to see the doctor on the day of the appointment	□05	□05
The service I needed was not available when I needed it	06	06
The service I needed was not available in my area	07	□07
Transportation problems	□ ₀₈	□ ₀₈
Cost	09	09
Language problems	□10	□10
I did not know where to go	□11	□ ₁₁
I was unable to leave the house because of a health problem	□ ₁₂	□ ₁₂
Other	66	66

15. How long did you have to wait between when you needed care and when you received care for each of the following?

	Had to (days or	
a) Routine or ongoing care	days	weeks
b) Immediate health care services for a minor problem	days	weeks
c) A visit to a specialist for a diagnosis or consultation	days	weeks

SERVICES RECEIVED / ONGOING CARE

18.

In the past 12 months, did you get the following at this clinic: 16.

	Yes	No	sure
a) Blood pressure measurement	1	\Box_{0}	8
b) Cholesterol measurement		\Box_{0}	8
c) Body weight measurement	□1	\Box_{0}	8
d) Blood sugar measurement	□1	\Box_{0}	8
e) Breast cancer screening (mammogram)	\Box_1	\Box_{0}	8
f) Cervical cancer screening (Pap test)		\Box_{0}	8
g) Colon cancer screening (FOBT test)		\Box_{0}	8
h) Flu shot		\Box_{0}	□ 8

The next questions are about prescription medications you are currently using.

17. In the past 12 months, how often has your doctor reviewed and discussed all of the different medications you are using, including medicines prescribed by other doctors?

□₄ Always	□ ₃ Often	\square_2 Sometimes	\Box_1 Rarely	\square_0 Never					
\square_7 Not applicable									
\square_8 Not sure									
How strongly do you agree with the following statement: "I know what each of my prescribed medications do."									
□ ₄ Strongly agree	\square_3 Agree	\square_2 Disagree	□ ₁ Strongly di	isagree					
□ ₇ Not applicable									
□ ₈ Not sure									

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EMERGENCY SERVICES

The next questions are about accessing health care from a hospital emergency department over the past 12 months.

19. How many times have you personally used a hospital emergency department in the past 12 months?

_____ (times used emergency in past 12 months)

20. Thinking of the last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your doctor if he/she had been available?

 \Box_1 Yes \Box_0 No \Box_8 Don't know

HEALTH STATUS

21.In general, would you say your health is... \Box_4 Excellent \Box_3 Very good \Box_2 Good \Box_1 Fair \Box_0 Poor

The following questions ask about chronic health conditions that you may have. This refers to "long-term conditions" that are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

22. Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions? Check <u>ALL</u> that apply.

 \square_{00} No chronic conditions

□₀₁ Arthritis

□₀₂ Asthma

□₀₃ Emphysema or COPD (chronic obstructive pulmonary disease)

□₀₄ Cancer

 \square_{05} Depression

 \square_{06} A mood disorder other than depression (e.g., bipolar disorder, dysthymia)

□₀₇ Diabetes

□₀₈ Heart disease

□₀₉ Stroke

□₁₀ High blood pressure or hypertension

□₆₆ Other

DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS OF RESPONDENTS

These next few general questions will help to analyze the data collected.

23. How long have you been seeing or going to this...

	Less than 1 year		3 to 4 years		More than 7 years	Not sure
a) clinic?	4	\Box_3	2	□1	O	8
b) doctor?	4	\Box_3	2	□1	O	8

- 24. Are you... \Box_1 Male \Box_2 Female
- 25. In what year were you born?

26. What is your home postal code?

- 27. Are you...
 - \square_{01} Employed full-time (including self-employed or on a work training program)
 - \square_{02} Employed part-time (including self-employed or on a work training program)
 - \square_{03} Unemployed and looking for work
 - \square_{04} At school or in full-time education
 - \square_{05} Unable to work due to long-term sickness or disability
 - □₀₆ Looking after your home/family
 - \square_{07} Retired from paid work
 - □₆₆ Other
- 28. What is the highest level of education in school that you finished?
 - □₀₀ No schooling
 - \square_{01} Some elementary
 - □₀₂ Completed elementary
 - \square_{03} Some secondary / high school
 - □₀₄ Completed secondary / high school
 - □₀₅ Some community college, technical college, CEGEP or nurse's training
 - □₀₆ Completed community college, technical college, CEGEP or nurse's training
 - \square_{07} Some university or teacher's college
 - □₀₈ Completed university or teacher's college
 - \square_{09} Other education or training

- 29. Which of the following most closely describes the yearly income level for your household?

 01 Under \$10,000
 02 \$10,000 to \$19,999
 03 \$20,000 to \$29,999
 04 \$30,000 to \$39,999
 05 \$40,000 to \$49,999
 06 \$50,000 to \$59,999
 - \square_{07} \$60,000 to \$69,999
 - □₀₈ \$70,000 to \$79,999
 - □₀₉ \$80,000 to \$89,999
 - □₁₀ \$90,000 to \$99,999
 - □₁₁ \$100,000 or more
 - \square_{88} Not sure/don't remember/prefer not to answer
- 30. Do you have any other comments?

Thank you for your time.

Please put your completed questionnaire in the envelope provided. Seal the envelope to protect your privacy, and return it to the staff member who gave it to you. **Evaluation of the Physician Integrated Network**

PATIENT SURVEY

This clinic is one of 13 in Manitoba participating in the Physician Integrated Network (PIN) initiative. PIN is a Manitoba Health and Healthy Living initiative that focuses on improving access to quality primary health care with a specific focus on chronic disease management.

Manitoba Health and Healthy Living, in collaboration with PRA Inc., an independent research firm, is currently evaluating the PIN initiative. The information collected will help Manitoba Health and Healthy Living identify the strengths of the PIN initiative as well as opportunities for improvement, and to determine whether the PIN initiative is achieving its goals.

Your input is important. We would greatly appreciate if you would please take the time to complete this questionnaire. The purpose of this questionnaire is to collect information from patients before the start of the PIN initiative to compare with information that will be collected at a later point in time.

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

If you have any questions about the survey, please call Manitoba Health and Healthy Living at 204-788-6490.

Please place your completed questionnaire in the envelope provided. Seal the envelope to protect your privacy, and return it to the staff member who gave it to you.

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

 Do you usually come to <u>THIS clinic</u> when you are sick or need advice about your health?

 $\square_0 \operatorname{No} \square_1 \operatorname{Yes}$

- Does the doctor/doctors in <u>THIS clinic</u> know you relatively well (i.e., would they know you by name and face)? □₀ No □₁ Yes
- Is <u>THIS clinic</u> the most responsible for your health care (i.e., follow-ups, maintains your chart, etc.)?
 □₀ No □₁ Yes

Instructions:

- If you answered <u>YES to ANY of the three questions above</u>, please complete the rest of the survey keeping this doctor and clinic setting in mind.
- If you answered <u>NO to ALL three questions above</u>, 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. Please check the <u>ONE</u> best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	When you need a regular general checkup, do you come to see a doctor in this clinic?		\square_3	□ ₂		□8
b.	When you have a new health problem, do you come to this clinic before going elsewhere?		\square_3	□ ₂		□ 8
C.	When you have to see a specialist, does your family doctor need to refer you?		□ ₃	□ ₂		□ ₈

FIRST CONTACT – ACCESS

5. Please check the <u>ONE</u> best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	When your doctor's clinic is <u>open</u> and you get sick, can you get an appointment on the same day with your (or any) doctor in this clinic?	4	□ 3	□ 2		□8
b.	When your doctor's clinic is <u>open</u> , 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	□8
C.	When your doctor's clinic is <u>closed</u> , is there a phone number you can call when you get sick?		\square_3			□ ₈
d.	When your doctor's clinic is <u>closed</u> and you get sick <u>during</u> <u>the night</u> , can someone from the clinic see you that night?	□4	□₃			□8

ONGOING CARE

6. Please check the <u>ONE</u> best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	When you come to the clinic, are you taken care of by the <u>same</u> doctor each time?		□ 3	□ ₂		□ ₈
b.	If you have a question, can you call and talk to <u>the doctor who knows you best</u> ?		\Box_3	□ ₂		□ ₈
C.	Does your family doctor know you very well as a <u>person</u> , rather than as someone with a medical problem?	□4			□1	□ 8
d.	Does your family doctor know what problems are most important to you?	4		2		□ ₈

COORDINATION

7. Have you ever had a visit to any kind of specialist or special service? \Box_0 No/not sure/don't remember (PLEASE SKIP TO QUESTION 8)

□₁ Yes (PLEASE ANSWER THE QUESTIONS BELOW)

Please check the <u>ONE</u> best answer.

	<u> </u>	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		2		□8
b.	Did someone in the clinic help you make the appointment for that visit?			2		□8
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		□1	□8
d.	After you went to the specialist or special service, did your family doctor talk with you about what happened at that visit?				□1	□8
,		└─ 4	□ 3	□ ∠		ŭ

COMPREHENSIVENESS (SERVICES AVAILABLE)

8. Please check the <u>ONE</u> best answer.

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.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember	_
a.	Immunizations (shots)	4	\Box_{3}	2		8	
b.	Family planning or birth control methods	4	\Box_3	□ ₂	□ 1	□ ₈	
C.	Counseling for mental health problems	4	\Box_3	□ ₂		□ ₈	
d.	Sewing up a cut that needs stitches	4	\square_3	□ ₂		□8	

SERVICES RECEIVED

9. Please check the <u>ONE</u> best answer.

The next questions are about different types of health care services you may receive from your family doctor.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	Advice about healthy foods and unhealthy foods	4		\square_2	□ 1	□ 8
b.	Advice on seat belt use or child safety seats	4		\square_2		□ ₈
C.	Home safety, like getting and checking smoke detectors and storing medicines safely	□4	\Box_{3}	□ ₂		
d.	Ways to handle family conflicts that may arise from time to time			\square_2	□ 1	□ ₈
e.	Advice about appropriate exercise for you		\Box_3	\Box_2	□ 1	□ 8
f.	Tests for cholesterol levels in your blood	4	□ ₃	\Box_2	□ 1	□ ₈
g.	Checking on and discussing the medications you are taking	4				□ 8
h.	Exposures to harmful substances in your home, at work, or in your neighborhood	□4	\Box_3	□ ₂	□ ₁	□8
i.	For females: how to prevent osteoporosis or fragile bones	4	\Box_3	□ ₂		□ 8
j.	For females: care for common menstrual or menopause problems			2		□8
k.	For over age 65: how to prevent hot water burns			□ ₂		□ 8
I.	For over age 65: how to prevent falls		\square_3	\Box_2		□8

FAMILY CENTEREDNESS

10. Please check the <u>ONE</u> best answer.

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

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember	_
a.	Does your family doctor ask you about your ideas and opinions when planning treatment and care for you or a family member?		□ ₃	2		□ ₈	
b.	Has your family doctor asked about illness or problems that might run in your family?		\square_3			□ ₈	

COMMUNITY ORIENTATION

11. Please check the <u>ONE</u> best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	Does anyone in this clinic ever make home visits?		\Box_3	□ ₂		□8
b.	Do you think your family doctor knows about the important health problems of your neighborhood?		\square_3	□ ₂		□ ₈

12. 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 people's needs? 	□4	2	□ ₁	□8
 Ask family members to be on the Board of Directors or advisory committee? 	□4	2	□1	□8

5

CULTURALLY COMPETENT

13. Please check the <u>ONE</u> best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/ don't remember
a.	Would you recommend your family doctor to a friend or relative?		□ ₃	□ ₂		□8
b.	Would you recommend your family doctor to someone who does not speak English well?			□ ₂		□8
C.	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?	\Box_4	\Box_3	□ ₂	□ ₁	□8
HE	EALTH ASSESSMENT					
14	. Please check the <u>ONE</u> best answe	r.				

Would you say your health is:

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

15. Please check the <u>ONE</u> best answer.

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

 \square_1 Yes \square_0 No \square_8 Not sure/don't remember

DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS OF RESPONDENTS

I would like to ask you a few general questions that will help us analyze the data collected.

16.	How long hav	ve you been a p	patient with this doctor?			
	-			weeks	months	years
17.	Are you	\square_1 Male	□ ₂ Female			
18.	What is your	age in years?				
19.	What is your	home postal co	ode?			
20.	Are you D ₀₁ Employe D ₀₂ Employe D ₀₃ Not employe D ₀₄ Retired/in D ₆₆ Other	d part-time loyed				
21.	□ ₁ Did not fir □ ₂ Got a hig □ ₃ Had some	hish high schoo h school diplon	na or Graduate Equivale cational school		ED)	
22.	Which of the 0 Under \$5, 1 \$5,000 to 2 \$10,000 t 3 \$15,000 t 4 \$25,000 t 5 \$35,000 t 6 \$50,000 t 7 \$65,000 t 8 \$80,000 c	,000 \$9,999 o \$14,999 o \$24,999 o \$34,999 o \$49,999 o \$64,999 o \$64,999	closely describes the yea	arly income level f	or your househ	iold?

 \square_9 Not sure/don't remember/prefer not to answer

Thank you for your time.

Please put your completed questionnaire in the envelope provided. Seal the envelope to protect your privacy, and return it to the staff member who gave it to you.