

1. What is your gender?

- Male
- Female
- Other

2. What age group do you fall into?

- Below 25 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and older

3. Please indicate which of the following best describes your current role:

- Family physician/general practitioner
 - Family physician/general practitioner with a special focus to my practice, *please specify*
-

- Hospitalist
 - Emergency physician
 - Specialist physician
 - Other, *please specify*
-

4. How many years have you been practicing?

- Less than 1 year
- 1 to 3 years
- 4 to 5 years
- 6 to 10 years
- 10 to 15 years
- 15 to 20 years
- 20 to 25 years
- Over 25 years

5. How many years have you been practicing in this community?

- Less than 1 year
- 1 to 3 years
- 4 to 5 years
- 6 to 10 years
- 10 to 15 years
- 15 to 20 years
- 20 to 25 years
- Over 25 years

6. Estimated years until retirement:

- Under 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 9 years
- 10 + years

7. Which languages do you speak fluently enough for patient care? Check all that apply.

- English
- French
- Mandarin
- Cantonese
- Punjabi
- Spanish
- Japanese
- Other

8. In what size of community is your practice located?

- Metropolitan (e.g., Burnaby, Richmond, Surrey, Vancouver, Victoria)
- Urban/Suburban (e.g., Kelowna, Nanaimo, Prince George, West Vancouver)
- Town or Rural/Remote (e.g., Hope, Invermere, Ladysmith, Terrace, Powell River, Bella Coola, Clearwater, Kaslo, Port Hardy, Vanderhoof)

9. Please check ALL that apply to your current situation:

- I am in full-time medical practice
- I am in part-time medical practice or semi-retired from the medical labour force
- I am a locum tenens. *(If you do not have a permanent practice, complete the questionnaire in relation to last practice you served/are currently serving)*
- I am employed in a medical or medically related field
- I am employed in other non-clinical settings *(e.g., administration, teaching, research)*
- I am on a leave of absence or sabbatical from active patient care. *(Complete the questionnaire in relation to your most recent medical practice)*
- I have a faculty appointment
- I have a formal hospital appointment
- I have significant administrative responsibilities
- I have a formal leadership appointment

10. Are you involved in any A GP for Me projects?

- Yes
- No
- I am unaware of A GP for Me

If YES, please answer the following:

As part of A GP for Me you may be contributing to initiatives in several ways. This includes participating in a working group, steering committee, or implementing a project in your clinic. Considering the various roles available, please indicate your level of involvement in the projects below:

| | Level of involvement | | | |
|---|----------------------|---------------------|-----------------|----------------|
| | Somewhat involved | Moderately involved | Highly involved | Not applicable |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

11. Are you involved in any quality improvement initiatives in your practice?

- Yes, regularly,
- Yes, infrequently
- No, but plan to be soon
- No

12. Are you aware of the suite of fee codes that support the Attachment Initiative?

- Yes
- No

Note: The fee codes for the Attachment initiative will be available to all family doctors who submit the MSP fee G14070 "GP Attachment Participation Code," a zero-sum amount, at the beginning of each calendar year.

Billing the zero sum fee code signifies that:

- You are providing full-service family practice services to your patients, and will continue to do so for the duration of that calendar year.
- You have confirmed your doctor-patient relationship with your existing patients through a standardized conversation or "compact."
- You have contacted your local Division of Family Practice to share your contact information and to indicate your desire to participate in the community-level Attachment initiative as you are able.

13. Have you signed up for the attachment suite of fees? (14070 – GP Attachment Participation Code and 14071 – GP Locum Attachment Participation Code)

- Yes
- No, but I plan to
- No, and I don't plan to – please specify why

If YES, please answer questions 14 and 15.

14. Are you billing any of the attachment suite of fees? (check all that apply)

- 14074 – GP Unattached Complex/High Needs Patient Attachment Fee
- 14075 – GP Attachment Complex Care Management Fee
- 14076 – GP Attachment Telephone Management Fee
- 14077 – GP Attachment Patient Conference Fee

15. What impact have the attachment suite of fees had on the number of your rejected claims?

- The number has decreased
- The number has stayed the same
- The number has increased
- Don't know

16. Who plays a role in billing within your practice? (check all that apply)

- Physician
- MOA
- Office manager
- Billing manager
- Billing consultant
- Other, please specify

17. How do you determine which diagnostic code to use? (check all that apply)

- Billing by issue brought up in visit
- Identifying billable diagnostic codes in advance of patient visit
- Identifying billable diagnostic codes after patient visit
- Other

18. Does the attachment suite of fees provide sufficient support to attach complex patients?

- Yes
- No

If NO, please answer question 19.

19. In addition to the attachment suite of fees and other complex care related fees, what would support you in providing care for complex patients? (check top 3)

- Clear information about billing
- Simpler billing guidelines
- Administrative support to take care of billing
- Support for integrating billing codes into work flow (e.g. telephone management)
- Working with a multi-disciplinary team
- Access to a mentor
- Recruitment and retention of more physicians
- Other fees, please specify

Other support, please specify

20. Does your practice have an arrangement where patients can see a care provider if needed when the practice is closed (after-hours) without going to the hospital emergency room or department?

- Yes
- No

If YES, is this person a:

- Doctor
- Nurse

If you answered NO to question 20 AND you work in a town or rural/remote community, please answer question 21.

21. Do you have an arrangement where your patients can see you or an alternate at the ER after hours?

- Yes
- No

22. What proportion of your patients who request a same- or next-day appointment can get one?

- Almost all (>80%)
- Most (60-80%)
- About half (~50%)
- Some (20-40%)
- Few (<20%)
- Don't know

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

TOTAL hours worked per week _____

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

24. How is your MAIN patient care setting organized? Check ONLY ONE.

- Solo practice
- Group practice, please specify the number of physicians _____
- Interprofessional practice, please specify the type of provider(s) that works with you (please provide profession(s) only, not business or personal names)

25. Does anyone in your practice help manage or provide care in any of the following ways?

| | Yes | No |
|---|-----|----|
| Help manage and coordinate care after hospital discharge | | |
| Coordinate care with social services or other community providers | | |

26. For your more complex patients receiving health care from multiple providers outside your practice, to what extent...

| | Not at all | Not really | Un-decided | Some extent | Very great extent |
|--|------------|------------|------------|-------------|-------------------|
| ...are you able to communicate with the other providers involved in a timely manner to advance the care of the patient? | | | | | |
| ...do all providers caring for these patients have the same information available to them when working with the patient? | | | | | |
| ...do you collaborate with other providers in establishing goals for treatment or management and plans? | | | | | |

27. When your patient has been seen by a specialist, how often do you receive the following?

| | Always | Often | Some-times | Rarely | Never |
|--|--------|-------|------------|--------|-------|
| A report back from the specialist with all relevant health information | | | | | |
| Information about changes the specialist has made to the patient's medication or care plan | | | | | |
| Information that is timely and available when needed | | | | | |

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

| | I regularly collaborate with the following in providing patient care | I have a formal arrangement for collaborating with the following | I do not collaborate with the following |
|---|--|--|---|
| Family physicians | | | |
| Psychiatric specialists | | | |
| Pediatric specialists | | | |
| Obstetrical/ gynecological specialists | | | |
| Internal specialists | | | |
| Surgical specialists | | | |
| Other specialists | | | |
| Nurse practitioners | | | |
| Psychiatric nurses | | | |
| Other nurses (RN, LPN, RPN) | | | |
| Physician assistants | | | |
| Dietitians/nutritionists | | | |
| Occupational therapists | | | |
| Physiotherapists | | | |
| Chiropractors | | | |
| Psychologists | | | |
| Mental health counselors | | | |
| Addiction counselors | | | |
| Social workers | | | |
| Pharmacists | | | |
| Midwives | | | |
| Speech-language pathologists | | | |
| Chiropodists | | | |
| Complementary/ alternative medicine providers | | | |

29. To what extent are you able to coordinate with service organizations in the community concerning planning and providing care for your most complex patients (for example, those with multiple chronic conditions or significant social issues impacting their health)?

- Unable to
- Infrequently able to
- Usually able to
- Able to always or almost always when necessary

30. Please rate your satisfaction with each of the following

| | Very satisfied | Some-what satisfied | Neutral | Some-what dissatisfied | Very dissatisfied | Not applicable |
|--|----------------|---------------------|---------|------------------------|-------------------|----------------|
| Your current professional life | | | | | | |
| The balance between your personal and professional commitments | | | | | | |
| Your relationship with your patients | | | | | | |
| Your relationship with family physicians | | | | | | |
| Your relationship with physicians in other specialties | | | | | | |

31. Indicate your level of satisfaction with the following aspects of your primary care practice

| | Very satisfied | Some-what satisfied | Neutral | Not very satisfied | Not at all satisfied |
|---|----------------|---------------------|---------|--------------------|----------------------|
| My ability to remain knowledgeable and current with the latest developments in my field of practice | | | | | |
| The freedom I have to make clinical decisions that meet my patients' needs | | | | | |
| The time I have available to spend with each patient | | | | | |
| My income from clinical practice | | | | | |
| Overall experience with practicing my profession | | | | | |

32. How have the following areas of your practice changed over the past 12 months?

| | Much worse | Slightly worse | About the same | Slightly better | Much better | Not applicable |
|--|------------|----------------|----------------|-----------------|-------------|----------------|
| Your patients' access to after-hours care | | | | | | |
| Your patients' access to timely care, such as a same or next-day appointment | | | | | | |
| Your ability to delegate non-clinical tasks to other members of your staff | | | | | | |
| Efficiency of your billing processes | | | | | | |
| Your clinical quality improvement processes | | | | | | |
| Coordination with hospitals | | | | | | |
| Collaboration with social services or other community providers | | | | | | |
| Collaboration with other family doctors | | | | | | |
| Collaboration with other health care providers such as allied health professionals | | | | | | |
| Your ability to provide comprehensive care | | | | | | |
| Your ability to provide longitudinal care | | | | | | |
| Work-life balance | | | | | | |
| Overall professional satisfaction | | | | | | |

33. Do you currently provide care to residents of residential care facilities?

Yes No

IF YES, please answer question 34

34. Indicate your level of satisfaction with the following aspects of your practice with residents of residential care facilities.

| | Not at all satisfied | Somewhat satisfied | Satisfied | Very satisfied | Not sure / not applicable |
|---|----------------------|--------------------|-----------|----------------|---------------------------|
| a. Your provision of care directly to residents | | | | | |
| b. Your working relationship with nurses in residential care facilities (RN, LPN) | | | | | |
| c. Your working relationship with other clinical staff in residential care facilities (pharmacists, PT, OT, etc.) | | | | | |
| d. Current processes within residential care facilities (after hours access, call backs, case conferences, etc.) | | | | | |
| e. Documentation on end of life care for each resident | | | | | |
| f. Documentation on goals of care for each resident | | | | | |
| g. Medication-related information in resident charts | | | | | |
| h. Other documentation in resident charts | | | | | |