Mesurer les caractéristiques organisationnelles des soins de santé de première ligne : une étude de repérage des items utilisés dans les questionnaires internationaux

Québec

Mesurer les caractéristiques organisationnelles des soins de santé de première ligne : une étude de repérage des items utilisés dans les questionnaires internationaux

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Février 2014

Institut national
de santé publique
Québec

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Cette étude a été élaborée pour compléter une suite de trois outils d'enquête évaluant les soins de santé de première ligne dans le cadre du Projet d'étude des soins de santé de première ligne de l'ICIS. Elle a été effectuée afin de soutenir l'élaboration d'un questionnaire mesurant les caractéristiques organisationnelles des soins de santé de première ligne au Canada.

REMERCIEMENTS

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LISTE DES SIGLES ET ACRONYMES

CARG	Coronary Artery Bypass Grafting
CHC	Community Health Centre
CHF	Congestive Heart Failure
CMA/MA	Certified Medical Assistant
CME	Continuing Medical Education
COPD	Chronic Obstructive Pulmonary Disease
CSSS	Centre de santé et de services sociaux
DO	Doctor of Osteopathic Medicine
DSL	Digital Subscriber Line
ECG	Electrocardiogram
EHR	Electronic Health Record
EMR	Electronic Medical Record
FFS	Fee-For-Service
FHG	Family Health Group
FHN	Family Health Network
FHO	Family Health Organization
FHT	Family Health Team
FMG	Family Medicine Group
FRNZCGP	Fellow of the Royal New Zealand College of General Practitioners
FTE	Full Time Equivalent
GP	General Practitioner
HEDIS	Healthcare Effectiveness Data and Information Set
HMO	Health Maintenance Organization
HRA	Health Risk Assessment
HSO	Health Service Organization
ICD	International Classification of Diseases
ICPC	International Classification of Primary Care
INSPQ	Institut national de santé publique du Québec
IPA	Independent Practice Association
LPN	Licensed Practical Nurse
MD	Doctor of Medicine
MI	Myocardial Infarction
MOPS	Maintenance of Professional Standards

NP	Nurse Practitioner
OB/GYN	Obstetrics and Gynecology
PA	Physician Assistant
PC	Personal Computer
PHC	Primary Health Care
PHO	Physician-Hospital Organization
PHS	Public Health Service
PTCA	Per Cutaneous Transluminal Coronary Angioplasty
RAMQ	Régie de l'assurance maladie du Québec
RN	Registred Nurse
STD	Sexually Transmitted Diseases

1 INTRODUCTION

1.1 CONTRIBUTION DES ORGANISATIONS DE SOINS DE SANTÉ DE PREMIÈRE LIGNE AU RENDEMENT DES SYSTÈMES DE SANTÉ

Afin d'améliorer l'accès aux soins de santé, les décideurs se sont investis dans la réforme de l'organisation, du financement et de la prestation des soins de santé de première ligne[1] (Broemeling et collab., 2006; Wong et collab., 2011). Il s'agit d'une orientation qui fait suite aux recommandations de divers comités provinciaux, ainsi qu'à la publication du rapport de la Commission Romanow en 2002 (Jaakkimainen 2011). Il est désormais reconnu que les systèmes axés sur les soins de santé de première ligne améliorent la santé globale des populations (Starfield et collab., 2005; OMS 2008; Jaakkimainen et collab., 2011). On s'attend donc à ce que la réforme des organisations de soins de santé de première ligne permette à la clientèle de ces organisations de vivre une meilleure expérience de soins axée sur l'accessibilité des services, la continuité, l'efficacité, la sécurité, l'intégralité des soins et ainsi que sur la réactivité des organisations (Starfield et collab., 2005; OMS 2008; Sutherland et Coyle 2009).

Il est important de reconnaître qu'au cours des dernières années les organisations de soins de santé de première ligne au Canada ont, de façon constante, considérablement évolué (Strumpf et collab., 2012; Hutchison et collab., 2011; Broemeling et collab., 2006). En matière de prestation de services, les réformes qui ont été mises en place dans toutes les provinces du Canada ont engendré différents modèles organisationnels de soins de santé de première ligne (Cook et Kachala 2004; Strumpf et collab., 2012). L'adoption de certains de ces modèles a eu des répercussions positives sur la qualité des soins de santé (Hutchison et collab., 2011; Levesque et collab., 2010; Haggerty et collab., 2004; Broemeling et collab., 2006).

L'évaluation organisationnelle des soins de santé de première ligne est un domaine en constante évolution qui doit tenir compte de la complexité de l'environnement de chaque organisation de soins de santé de première ligne. L'étendue et la diversité des réformes dans ce domaine démontrent l'importance de concevoir des outils standardisés qui permettent aux chercheurs de recueillir des renseignements pertinents et comparables dans différents contextes.

1.2 ÉLABORATION D'UN OUTIL DE MESURE DESTINÉ À L'ÉVALUATION DES ORGANISATIONS DE SOINS DE SANTÉ DE PREMIÈRE LIGNE

L'Institut canadien d'information sur la santé (ICIS) a piloté l'élaboration d'une série de trois outils de mesure portant sur l'évaluation de l'organisation des soins de santé de première ligne, les prestataires de soins et les patients. Ces outils sont basés sur les pratiques organisationnelles. Ils peuvent être utilisés pour mesurer la qualité des soins de santé de première ligne et évaluer l'organisation et la prestation des soins de santé de première ligne. La présente étude de repérage fait partie du projet d'étude des soins de santé de première

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[1] Tout au long de ce document, l'expression « soins de santé de première ligne » comprend également les services offerts en première ligne.

ligne de l'ICIS. Elle a été effectuée dans le but de soutenir l'élaboration du questionnaire portant sur l'organisation des soins de santé de première ligne. Ce questionnaire devait permettre d'évaluer l'organisation et la prestation des soins de santé de première ligne partout au Canada. Jusqu'à présent, « la recherche sur les soins de santé première ligne menée au Canada n'a pas été pleinement exploitée » (McMurchy 2009).

En lien avec ce constat, la présente étude a pour but de faciliter la recherche sur les soins de santé de première ligne en exposant la démarche qui a mené à l'élaboration d'un questionnaire conçu pour mesurer les caractéristiques organisationnelles des soins de santé de première ligne. Ce questionnaire développé dans le cadre du projet de l'ICIS diffère des deux autres outils complémentaires qui, eux, évaluent les pratiques liées au prestataire de services ainsi que l'expérience vécue par le patient. En effet, le questionnaire portant sur les caractéristiques organisationnelles offre la possibilité d'être adapté de manière à pouvoir être utilisé dans une grande variété de contextes de soins de santé de première ligne. « La qualité des soins de santé est un concept aux multiples facettes, et l'évaluation de nombreuses perspectives différentes est nécessaire pour la mesurer » (Wong et collab. 2008).

Une meilleure compréhension des caractéristiques organisationnelles de soins de santé de première ligne est importante pour orienter les réformes à venir et évaluer les répercussions des innovations implantées dans différents contextes.

> « Les pratiques de première ligne, y compris la médecine familiale et, dans quelques contextes, la médecine interne générale, ainsi que les pratiques pédiatriques sont uniques parmi les prestataires de soins de santé, en ce sens qu'elles constituent la porte d'entrée de nombreux patients aux besoins multiples en matière de soins de santé, de la prévention à l'identification des maladies, en passant par le traitement des malaises et la référence aux spécialistes » (Ohman-Strickland et collab. 2007).

1.3   LE PRÉSENT RAPPORT

Cette étude de repérage revêt une certaine importance dans un contexte où il ne se fait que peu de recherche pour mesurer les caractéristiques organisationnelles des modèles de prestation des soins de santé de première ligne. Étant donné les changements constants auxquels font face les organisations de santé de première ligne, cette étude répond à un réel besoin. Par conséquent, nous avons répertorié les outils de mesure disponibles à l'échelle internationale, conçu une grille de classification des différentes caractéristiques organisationnelles mesurées par les outils recensés, classé les items couverts par ces différents outils et analysé la couverture en fonction des différentes caractéristiques organisationnelles pour chacun de ces outils. Nous avons ainsi retenu 19 questionnaires portant sur l'organisation de soins de santé de première ligne. À partir de ces questionnaires, nous avons créé une base de données complète en classifiant les questions en fonction de différentes caractéristiques organisationnelles. Les questions les plus pertinentes pour évaluer l'organisation et la prestation des soins de santé de première ligne ont été sélectionnées afin de concevoir un questionnaire organisationnel détaillé qui, nous l'espérons, sera largement adopté, de façon à ce que les travaux effectués par différents chercheurs puissent être comparés.

2   OBJECTIFS DE L'ÉTUDE DE REPÉRAGE

Cette étude a pour but de brosser un portrait global des principaux items repérés dans différents questionnaires. Les trois principales étapes de cette étude de repérage sont :

1. d'identifier les questionnaires et les outils existants qui mesurent les caractéristiques organisationnelles des soins de santé de première ligne;

2. d'élaborer un système de classification qui permet de regrouper et d'organiser les caractéristiques organisationnelles des soins de santé de première ligne à la lumière des travaux pertinents ayant été effectués dans ce domaine;

3. de classer les questions et les items pertinents dans le système de classification élaboré.

Le but final de l'étude était d'élaborer un questionnaire permettant d'évaluer les caractéristiques organisationnelles et la prestation des soins de santé de première ligne.

3 MÉTHODOLOGIE

3.1 LA RECENSION DES OUTILS DE MESURE

Cette étude de repérage a été basée essentiellement sur une revue de la littérature scientifique et de la littérature grise ainsi que sur une consultation auprès d'experts. Afin de repérer les différents questionnaires et outils de mesure qui ont porté sur l'objet de l'étude, nous avons utilisé les bases de données de PubMed et 360 Search[2].

Les expressions et mots clés ci-dessous ont été utilisés afin de repérer une vaste gamme de documents :

- Modèles de soins de santé
- Soins de santé de première ligne
- Études sur les soins de santé
- Centres de santé communautaire/Organisation et administration
- Études transversales
- Accessibilité des services de santé
- Modèles organisationnels
- Innovation organisationnelle
- Soins de santé de première ligne/Organisation et administration
- Soins de santé de première ligne/Normes
- Questionnaires
- Évaluation des résultats et des procédures (soins de santé)/Organisation et administration
- Soins axés sur les patients/Organisation et administration
- Qualité des soins de santé/Organisation et administration

Une fois cette étape franchie, une méthode de sondage en boule de neige a été utilisée afin de trouver des outils pertinents supplémentaires. Cette méthode implique la consultation directe auprès de divers auteurs, puisque la plupart des questionnaires repérés dans les études extraites des bases de données n'étaient pas publiés. Ainsi, beaucoup d'auteurs[3] nous ont orientés vers la source d'autres outils. À la fin de cette étape de l'étude, la revue de littérature portait principalement sur du matériel publié ou non à l'échelle nationale ou internationale. Par la suite, chaque outil de mesure repéré a été révisé afin de s'assurer qu'il mesurait bien des aspects de l'organisation et de la prestation des soins de santé de première ligne. De plus, l'outil devait avoir été conçu pour être rempli par le gestionnaire ou le médecin responsable de l'organisation des soins de santé de première ligne (par exemple : clinique médicale) ; notre intérêt, rappelons-le, était d'évaluer l'organisation générale et la prestation des soins de santé plutôt que l'aspect clinique des soins de santé de première ligne. Enfin, signalons que les questionnaires publiés en langues française et anglaise ont été pris en considération, que seuls les questionnaires accessibles au grand public ont été retenus et que trois questionnaires pour lesquels des frais d'accès étaient

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[2] Un outil de métarecherche employé à l'Institut national de santé publique du Québec.

[3] Les auteurs ayant contribué à nos travaux sont mentionnés dans l'annexe 3.

exigés ont été rejetés. Au final, 19 questionnaires ont été retenus selon les critères présentés plus haut.

3.2 LA CLASSIFICATION

Les items de chacun des questionnaires retenus ont été consignés dans un tableau présenté à l'annexe 2. Un système de classification des caractéristiques organisationnelles des soins de santé de première ligne a d'abord été élaboré pour faciliter le traitement des items présents dans chaque questionnaire. Un assistant de recherche a classé les questions et les items de chacun des 19 questionnaires selon des catégories de caractéristiques organisationnelles des soins de santé de première ligne (tableau 2). Après cette première attribution des questions et des items aux catégories, trois observateurs indépendants ont évalué l'exactitude de cette attribution. Les classements ont été adaptés de façon itérative jusqu'à l'obtention d'un accord consensuel entre les observateurs.

4   RÉSULTATS

Au cours de la revue de la littérature, nous avons trouvé de nombreuses études qui visaient à évaluer les caractéristiques organisationnelles des soins de santé de première ligne. Au total, 19 outils ont été retenus parmi ces études et présentés ci-dessous dans le tableau 1[4]. Chacun des questionnaires était présenté sous une forme différente, en fonction des objectifs de recherche, et variait également selon les caractéristiques organisationnelles couvertes : ressources humaines, financières, techniques, matérielles, organisation de la clinique, etc. La plupart des outils retenus ont été conçus pour mesurer certaines caractéristiques organisationnelles de soins de santé de première ligne, ou encore pour décrire l'expérience des médecins dans différents types d'organisations de soins de santé de première ligne. L'évaluation de la qualité des soins fournis aux patients ainsi que le rendement des organisations de soins de santé de première ligne figuraient également parmi les thèmes récurrents dans les 19 questionnaires.

Tableau 1   Résultats de l'étude de repérage des questionnaires

Origine	Nom de l'étude/Projet	Acronyme	Nombre de formulaires	Nombre d'items	Répondant[a]
Commonwealth Fund	International Survey of Primary Care Doctors (2009)	ISPCD	1	40	PS
Europe	Physician Questionnaire (Evaluating costs and quality of primary care in Europe)	QUALICOPC	1	62	PS
Australie	Bettering the Evaluation And Care of Health	BEACH	1	20	PS
Nouvelle-Zélande	National Primary Medical Care Survey	NatMedCa	2	42	OSSPL et PS
Royaume-Uni	Improving the delivery of care for patients with type 2 diabetes	IDCP2D	2	35	Personnel 1re ligne et OSSPL
États-Unis	National Ambulatory Medical Care Survey	NAMCS	3	77	OSSPL
	Primary Care Practice Site Survey	PCPSS	1	35	OSSPL
	Physician Practice and Quality of Care Survey	PPQCS	1	35	OSSPL
	Survey of Organizational Attributes for Primary Care	SOAPC	1	21	Personnel 1re ligne

a   Indique la source des renseignements recueillis. OSSPL indique que la source est l'organisation de soins de santé de première ligne, PS indique qu'il s'agit du prestataire de soins.

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4   Pour une présentation détaillée des outils de mesure retenus, consultez l'annexe 1.

Tableau 1   Résultats de l'étude de repérage des questionnaires (suite)

Origine	Nom de l'étude/Projet	Acronyme	Nombre de formulaires	Nombre d'items	Répondant
États-Unis (suite)	Methods for evaluating practice change toward a patient-centered medical home	TransforMED	5	273	OSSPL
	National Study of Physician Organizations and the Management of Chronic Illness II	NSPOII	2	443	OSSPL
Canada	National Family Physician Workforce Survey	NFPWS 2001	1	52	PS
	Sondage national des médecins	NPS2010	1	39	PS
Ontario (Canada)	Comparison of Models of Primary Health Care in Ontario	COMP-PC	1	20	OSSPL
	Improving Measurement for Evaluation in Primary Health Care	IMEPHC	1	20	OSSPL
Québec (Canada)	Continuity of Primary Care in Quebec	CPCQ	3	85	OSSPL et PS
	Assessing the evolution of primary healthcare organizations and their performance	Évolution	1	65	OSSPL
	Clinicians' perception of organizational readiness for change	CPORC	1	36	Personnel 1re ligne
Nouvelle-Écosse (Canada)	Primary Care Organization Survey	PCOS-NS	2	97	OSSPL

Les questionnaires retenus variaient en longueur, soit de 20 à 85 questions généralement et jusqu'à plus de 250 questions dans le cas de deux questionnaires. Ils variaient également selon le répondant ciblé : la plupart des questionnaires devaient être remplis par le principal acteur de l'organisation de soins de santé de première ligne (gestionnaire, médecin ou infirmière-chef), quelques-uns s'adressaient à plusieurs professionnels de la santé.

Les 19 questionnaires retenus ont tous été conçus pour évaluer des caractéristiques organisationnelles des soins de santé de première ligne. Les zones géographiques couvertes par chaque questionnaire variaient également d'une étude à l'autre, soit internationale[5], nationale[6] ou régionale[7].

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[5]   ISPCD = 11 pays, QUALICOPC = 34 pays.

[6]   BEACH, NatMedCa, IDCP2D, NAMCS, TransforMED, NSPOII, NFPWS 2001, et NPS 2010.

[7]   SOAPC, PCPSS, PPQCS, Evolution, COMP-PC, IMEPHC, CPCQ, CPORC et PCOS-NS.

Dans la plupart des cas, les questionnaires étaient envoyés en format imprimé aux répondants et certains étaient disponibles en format électronique. D'autres questionnaires ont été remplis par entrevue téléphonique. Selon les types de question, différentes modalités de réponse étaient proposées (échelle de réponses, à développement court ou à choix multiples) et couvraient à la fois des thèmes spécifiques et généraux. La moitié des questionnaires sélectionnés ont été utilisés au Canada.

Finalement, certaines études comprenaient un aspect longitudinal et prenaient appui sur une collecte de données répétée à différents moments de l'étude afin d'obtenir une plus grande compréhension de l'organisation des soins de santé de première ligne (Évolution : 2005 et 2010; BEACH : tous les ans depuis 1998; NAMCS : annuellement de 1973 à 1981, une fois en 1985, annuellement depuis 1989; NSPOII : janvier 2000 et juillet 2007; NFPWS 2001 : en 1997 et en 2001; NPS 2010 : en 2004, en 2007 et en 2010).

4.1 Définir les caractéristiques organisationnelles

Dans le cadre de notre étude, nous avons utilisé différents systèmes de classification des caractéristiques organisationnelles qui ont fait l'objet d'une publication au Canada. Haggerty et collab. (2007) ont proposé 25 caractéristiques de soins de santé de première ligne à prendre en considération dans l'évaluation des organisations de soins de santé de première ligne sur la base d'une consultation auprès d'experts. Ces caractéristiques ont été regroupées par les auteurs en cinq catégories : les caractéristiques de la pratique clinique, les dimensions structurelles de la pratique, les éléments axés sur la personne, les éléments axés sur la communauté et les dimensions liées au rendement du système. Enfin, cinq caractéristiques spécifiques aux soins de santé de première ligne ont été identifiées et intégrées dans ce système de classification : accessibilité/premier contact, continuité relationnelle, soins axés sur la famille, équipe intersectorielle et cheminement de la population.

Notre travail de définition des caractéristiques organisationnelles a également été inspiré par Hogg et collab. (2008). Cette équipe a élaboré un cadre conceptuel pour faciliter la mesure du rendement dans un système de soins de santé de première ligne. Ce cadre conceptuel renvoie à deux domaines jugés complémentaires : la structure et le rendement.

> « Le domaine structurel comprend le système de soins de santé, le contexte de pratique et l'organisation de la pratique pouvant concerner les activités de toute organisation de soins de première ligne. Le domaine du rendement comprend les caractéristiques de la prestation des soins de santé et la qualité des soins cliniques d'un point de vue technique. » (Hogg et collab. 2008).

Par la suite, nous avons adapté nos premières classifications afin d'inclure les dimensions présentes dans les questionnaires retenus qui complétaient celles couvertes par les deux cadres conceptuels mentionnés ci-dessus. Comme certains questionnaires étaient élaborés en tenant compte des caractéristiques particulières à un contexte de soins de santé de première ligne, il nous apparaissait important d'en tenir compte dans l'élaboration de notre système de classification. Par exemple, le questionnaire du projet Évolution (Pineault et collab. 2012) était basé sur quatre aspects organisationnels utilisés pour décrire les

organisations de soins de santé de première ligne : la vision, les ressources, la structure organisationnelle et les pratiques. La vision renvoie aux croyances, aux valeurs et aux objectifs partagés par les intervenants. Les ressources réfèrent à la gamme et à la disponibilité des ressources (humaines et matérielles). La structure organisationnelle renvoie à la législation, aux règlements et à la gouvernance. Finalement, les pratiques sont associées à la prestation de services et aux domaines d'application des activités de la clinique (Levesque et collab. 2010; Lamarche et collab. 2003).

Notre démarche d'identification des différentes caractéristiques organisationnelles nous a permis de repérer de nombreux concepts utiles pour décrire et évaluer l'organisation, la prestation de services et le rendement des organisations de soins de santé de première ligne. Le tableau 2 illustre la classification des caractéristiques organisationnelles identifiées tout en fournissant une brève définition pour chacune. Au total, notre classification comprend 23 catégories de caractéristiques organisationnelles des soins de santé de première ligne, réparties en sept sections principales :

- identification de l'organisation;
- vision organisationnelle;
- ressources organisationnelles;
- structures organisationnelles;
- prestation de services et pratiques cliniques;
- rendement et résultats organisationnels;
- contexte organisationnel.

Le système de classification présenté dans le tableau ci-dessous constitue un des résultats principaux de notre étude de repérage. Il est le fondement de la classification des items des questionnaires retenus pour l'analyse que nous présentons plus loin dans ce document.

Tableau 2   Système de classification des caractéristiques organisationnelles des soins de santé de première ligne

Section	Catégorie	Définition
Identification de l'organisation	Répondant	Cette catégorie comprend les items liés à l'identification du répondant (nom, sexe, âge, titre/fonction, etc.).
	Lieu	Le lieu comprend l'adresse, la ville et le type de milieu de travail.
	Historique et évolution de la clinique	Les items liés à l'historique et à l'évolution de la clinique, y compris les détails comme l'âge de la clinique et les facteurs associés à sa croissance et à son développement.
Vision organisationnelle	Orientation	L'orientation de la clinique renvoie au système de valeurs et aux idéologies prédominantes qui orientent les actions, la prise de décisions et les priorités de l'organisation.
	Mission	Cette catégorie est liée aux buts et aux objectifs prédominants de la clinique et du personnel à l'égard de leur travail. Les objectifs spécifiques y sont mis en évidence.
	Responsabilité et imputabilité	Cette catégorie comprend les renseignements sur la responsabilité et l'imputabilité de l'organisation auprès des institutions professionnelles et des corps gouvernementaux compétents, de même que la santé de la communauté et le système global de soins de santé.
Ressources organisationnelles	Ressources humaines	Cette catégorie comprend les aspects reliés à la composition et à l'implication du personnel de la clinique. Les détails concernant le nombre de professionnels de la santé, le nombre d'heures travaillées par semaine, de même que l'âge, le sexe, le milieu de travail et les fonctions occupées par les divers membres du personnel font également partie des items pris en considération.
	Ressources économiques	Les ressources économiques de la clinique renvoient aux sources et aux montants de financement reçus. Les détails concernant le budget d'exploitation de la clinique et les dépenses courantes font également partie de cette catégorie. Signalons que l'information sur la façon dont les ressources économiques sont attribuées dans l'organisation (par exemple : les mesures incitatives financières) est prise en considération dans la « gouvernance » et les « mécanismes de financement » présentés plus loin.
	Ressources techniques	Dans cette catégorie, les ressources techniques de l'organisation sont documentées par la disponibilité et l'accès à différents équipements médicaux (par exemple : salles d'examen, équipement diagnostique) ainsi que par les technologies de l'information. Les renseignements liés à l'utilisation de ces ressources sont également inclus dans cette section.

Tableau 2   Système de classification des caractéristiques organisationnelles des soins de santé de première ligne (suite)

Section	Catégorie	Définition
Structures organisationnelles	Gouvernance et structure administrative	Tous les enjeux liés à la gestion sont regroupés dans cette catégorie. La propriété, la structure organisationnelle verticale et horizontale, les processus de prise de décisions, les politiques administratives et les structures opérationnelles de la clinique (par exemple : le système de prise de rendez-vous) se retrouvent dans cette catégorie. Les aspects relatifs au leadership, à l'intégration dans la communauté, plus particulièrement l'implication du patient et des membres de la communauté dans la planification stratégique des soins de santé, de même que les autorités organisationnelles, régionales et locales en matière de santé figurent également dans la catégorie de la gouvernance.
	Mécanismes de financement	Dans cette catégorie se retrouve la description des méthodes utilisées pour répartir les ressources entre les intervenants, de façon à répondre aux exigences et aux objectifs gouvernementaux. On y retrouve également l'information sur la rémunération (salaires, honoraires, capitation, contrats, etc.), les mesures incitatives, les subventions et autres modalités.
	Procédures cliniques	Les procédures cliniques se définissent comme les structures mises en place pour gérer les décisions cliniques. Les détails concernant la répartition du travail entre les médecins, les mécanismes de prise de décisions cliniques, les modèles d'organisation des services, de même que les stratégies de partage de l'information, de collaboration, de coordination et d'intégration (par exemple : les discussions concernant les cas légaux, un guide de pratiques cliniques, etc.) se retrouvent dans cette catégorie.
	Mécanismes d'amélioration de la qualité et de la sécurité du patient	L'existence de procédures de contrôle et d'amélioration de la qualité, comme l'évaluation des résultats et de la satisfaction, la formation professionnelle continue, les initiatives d'amélioration de la qualité, l'application de modèles d'amélioration continue (par exemple : PDSA, LEAN, etc.), de même que les mécanismes mis en place pour assurer la sécurité du patient (procédures de collecte et de suivi des plaintes, implantation de guide de pratique, conciliation des médicaments, mécanismes d'imputabilité, etc.), sont des aspects importants de la structure organisationnelle et sont documentés dans cette catégorie.
Prestation de services et pratiques cliniques	Horaires et heures d'ouverture	L'accessibilité des soins de santé pendant (et après) les heures d'ouverture de la clinique est abordée ici par la capacité de la clinique à assurer la disponibilité de professionnels de la santé (services sur rendez-vous et sans rendez-vous).
	Types et gamme de services offerts	On retrouve dans cette catégorie une liste exhaustive des services offerts par la clinique. L'objectif de cet exercice est de brosser le portrait de la diversité et de l'étendue des activités de soins de santé fournis en clinique.
	Gestion de maladies spécifiques	Cette catégorie comprend les détails au sujet des services fournis pour la prévention, le dépistage et le traitement de certains types de problèmes particuliers. Des programmes spéciaux, comme ceux portant sur la gestion des problèmes de santé mentale, de dépendances et d'autres maladies chroniques, sont documentés ici.

Tableau 2   Système de classification des caractéristiques organisationnelles des soins de santé de première ligne (suite)

Section	Catégorie	Définition
Prestation de services et pratiques cliniques (suite)	Degré d'intégration	Cette catégorie comprend l'importance de l'échange d'information, de la collaboration, de la coordination et de l'intégralité dans l'adaptation du traitement au patient tout au long des soins qui lui sont prodigués. « L'échange d'information » renvoie au niveau de communication entre les intervenants tout au long des soins prodigués au patient. Le terme « collaboration » renvoie spécifiquement à l'importance du travail d'équipe entre les omnipraticiens, les spécialistes et les autres professionnels de la santé afin d'offrir des soins optimaux aux patients. La coordination concerne la prestation et l'organisation d'une combinaison de services et d'information grâce auxquels les intervenants peuvent répondre aux besoins des patients en matière de santé. L'« intégralité » est la caractéristique d'une offre de service qui répond à une vaste gamme de besoins des patients en matière de santé tout au long de leurs expériences de soins.
Rendement et résultats organisationnels	Accessibilité	La facilité avec laquelle une personne peut commencer à établir un contact et obtenir les soins nécessaires, de même que les délais qui s'appliquent.
	Fonctionnement et climat	Cette catégorie regroupe les items liés au climat organisationnel en ce qui concerne l'interaction et la satisfaction de tous les intervenants d'une clinique.
	Viabilité et efficacité	La viabilité d'une clinique se mesure à la capacité de cette dernière à répondre adéquatement à la demande de services, à l'exploitation de la clinique de façon rentable et au soutien du développement à long terme de la clinique.
	Réceptivité au changement et capacité d'adaptation	Cette catégorie regroupe les items liés à la capacité de l'organisation à répondre aux besoins changeants de la population tout en tenant compte des transitions démographiques, épidémiologiques et sanitaires de la communauté. L'aptitude de la clinique à répondre adéquatement aux réformes en cours figure également dans cette catégorie.
Contexte organisationnel	Caractéristiques démographiques	Cette catégorie comprend les détails liés aux caractéristiques de la population et des patients desservis par la clinique. Une distribution est effectuée en fonction de l'âge, du sexe, du groupe ethnique et des déterminants spécifiques à la santé de la population. Les statistiques concernant les besoins particuliers en matière de soins de santé et les questions liées à la santé publique identifiées chez la population et les patients de la clinique font également partie de cette section.
	Environnement organisationnel et intégration de la pratique	L'environnement organisationnel définit le contexte de la clinique. Les items comme la distance entre les infrastructures de soins de santé, la présence de programmes de santé qui obligent une coordination entre différentes institutions, la présence d'une faculté de médecine, de même que l'existence de liens officiels ou non entre les organisations dans la communauté sont inclus dans cette catégorie.

4.2   APERÇU DE LA CLASSIFICATION DES ITEMS COMPRIS DANS LES QUESTIONNAIRES RETENUS

Le tableau 3 montre l'étendue de la couverture des catégories des caractéristiques organisationnelles des soins de première ligne par les 19 questionnaires retenus dans la présente étude de repérage. La règle utilisée pour la création du tableau était la suivante : pour figurer dans une catégorie, le questionnaire devait contenir au moins un item relatif à cette catégorie. Chaque catégorie contenait au moins un item extrait d'un questionnaire. Sur les 19 questionnaires retenus, deux questionnaires (CPORC et SOAPC) évaluaient un maximum de deux caractéristiques organisationnelles. Compte tenu de ses cinq questionnaires complémentaires, TransforMED est l'outil de mesure qui englobait le plus grand nombre des caractéristiques organisationnelles de notre système de classification. En fait, nous avons constaté qu'il couvrait 21 des 23 catégories. Toutefois, le questionnaire organisationnel du projet Évolution se démarquait du lot, car il permettait d'évaluer 18 des 23 catégories au moyen d'un seul questionnaire.

Tableau 3 Résumé de la couverture des caractéristiques organisationnelles dans les questionnaires retenus

QUESTIONNAIRES

	BEACH	COMP-PC	CPCQ	CPORC	Évolution	IDCP2D	IMEPHC	ISPCD	NAMCS	NatMed Ca	NFPWS 2001	NPS 2010	NSPOII	PCOS-NS	PCPSS	PPQCS	Qualicopc	SOAPC	TransforMED
Identification de l'organisation																			
Répondant	X	X			X	X		X	X	X		X	X						X
Lieu	X		X		X							X	X				X		X
Historique et évolution de la clinique		X			X	X	X	X			X		X			X		X	X
Vision organisationnelle																			
Orientation					X														X
Mission				X	X														
Responsabilité et imputabilité					X												X		
Ressources organisationnelles																			
Ressources humaines	X	X	X		X	X	X	X	X	X	X		X		X		X		X
Ressources économiques		X																	X
Ressources techniques	X	X	X		X		X	X	X	X		X	X	X	X		X		X
Structures organisationnelles																			
Gouvernance et structure administrative	X	X	X		X	X	X	X	X	X		X	X	X		X			X
Mécanismes de financement		X			X		X	X	X	X			X		X	X			X
Procédures cliniques			X		X	X	X	X				X	X				X		X
Mécanismes d'amélioration de la qualité et de la sécurité du patient	X	X			X	X	X	X		X			X	X	X	X	X		X
Prestation de services et pratiques cliniques																			
Horaires et heures d'ouverture	X	X	X		X	X	X	X	X	X				X	X		X		X
Types et gamme de services offerts		X	X		X		X	X	X	X	X	X	X		X		X		X
Gestion de maladies spécifiques						X	X	X		X		X	X	X	X		X		X
Degré d'intégration					X		X	X	X			X	X	X			X		X

Tableau 3   Résumé de la couverture des caractéristiques organisationnelles dans les questionnaires retenus (suite)

	BEACH	COMP-PC	CPCQ	CPORC	Évolution	IDCP2D	IMEPHC	ISPCD	NAMCS	NatMed Ca	NFPWS 2001	NPS 2010	NSPOII	PCOS-NS	PCPSS	PPQCS	Qualicopc	SOAPC	TransforMED
Rendement et résultats organisationnels																			
Accessibilité	X	X	X		X		X	X	X	X	X	X		X	X	X	X		X
Fonctionnement et climat				X		X		X					X	X				X	X
Viabilité et efficacité												X				X			X
Réceptivité au changement et capacité d'adaptation				X															X
Contexte organisationnel																			
Caractéristiques démographiques						X	X			X	X	X	X	X	X		X		X
Environnement organisationnel et intégration de la pratique	X	X	X		X	X	X	X		X	X	X	X				X		X

5   DISCUSSION

Les résultats de l'étude de repérage des caractéristiques organisationnelles de soins de santé de première ligne ont démontré à partir du système de classification que nous avons développé, que certains questionnaires permettaient une plus grande couverture des caractéristiques organisationnelles que d'autres. Deux outils se démarquent : le questionnaire du projet Évolution et les questionnaires TransforMED lesquels offrent la plus grande couverture des caractéristiques organisationnelles des soins de santé de première ligne proposées dans notre système de classification. Signalons que le questionnaire du projet Évolution (Pineault et collab. 2012) a constitué une base importante pour la conception du questionnaire de l'ICIS permettant d'évaluer l'organisation et la prestation des soins de santé de première ligne, car il s'agit également d'un instrument validé ayant été utilisé à deux reprises dans la province de Québec.

Dans cette section nous discuterons plus en détail de la proportion des caractéristiques organisationnelles de soins de santé de première ligne couvertes par les questionnaires retenus, ainsi que des forces et des limites de notre étude de repérage.

5.1   CARACTÉRISTIQUES ORGANISATIONNELLES COUVERTES PAR LES QUESTIONNAIRES RETENUS

La figure 1 indique la proportion de caractéristiques organisationnelles des soins de santé de première ligne couvertes dans chacun des questionnaires classés par items dans notre étude de repérage. Bien que toutes les caractéristiques présentées dans le cadre de cette étude puissent servir à l'évaluation de l'organisation et de la prestation des soins de santé de première ligne, dans les questionnaires retenus certaines caractéristiques étaient plus présentes que d'autres.
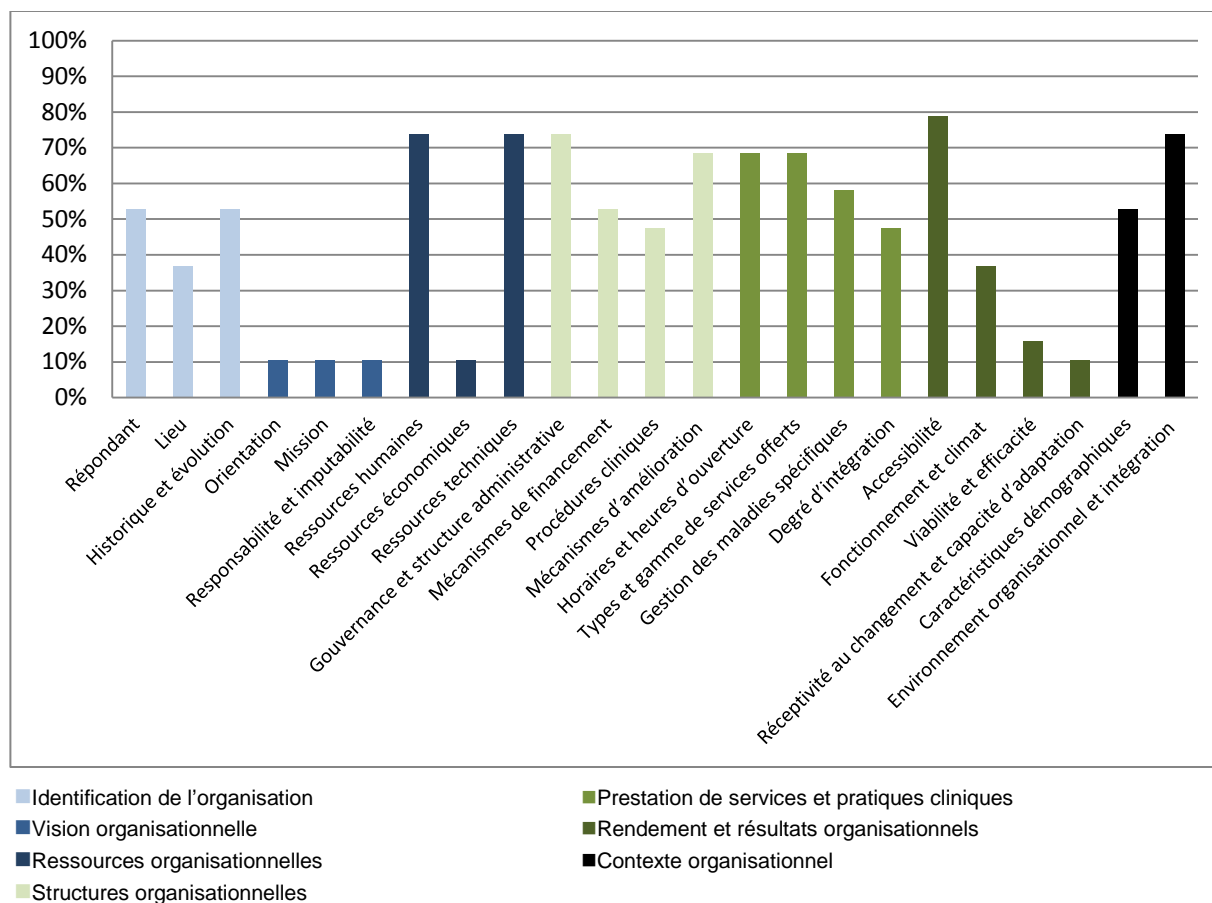
Légende :
- Identification de l'organisation
- Vision organisationnelle
- Ressources organisationnelles
- Structures organisationnelles
- Prestation de services et pratiques cliniques
- Rendement et résultats organisationnels
- Contexte organisationnel

Figure 1   Proportion de caractéristiques organisationnelles couvertes par les questionnaires

L'accessibilité, les ressources humaines et techniques, la gouvernance et la structure administrative, de même que l'environnement organisationnel et l'intégration de la pratique sont des caractéristiques que l'on retrouve dans plus de 70 % des questionnaires retenus. De plus, les caractéristiques liées aux procédures de soins, comme les gammes de services, la gestion de maladies spécifiques, l'horaire ainsi que les mécanismes de sécurité, sont également des caractéristiques couvertes dans la majorité des 19 questionnaires.

Notre travail met également en lumière le fait que la couverture des caractéristiques organisationnelles des soins de santé de première ligne varie grandement d'un questionnaire à l'autre. En effet, certains concepts ne sont couverts qu'à moins de 20 % pour l'ensemble des questionnaires retenus. Des caractéristiques comme l'orientation de la clinique, sa mission, les mécanismes liés à la responsabilité et à l'imputabilité concernent la culture de l'organisation, un aspect important pouvant avoir diverses répercussions sur l'organisation d'une clinique ou sur la prestation des soins auprès de ses patients. La faible proportion de questions sur les ressources économiques disponibles démontre que cette caractéristique est peu évaluée par les questionnaires retenus à l'étude. Pourtant, la compréhension des ressources investies dans une clinique de soins de santé de première ligne est essentielle afin de bien évaluer son rendement ou son efficience. Par ailleurs, dans le cadre de l'évaluation de réformes des systèmes de santé, il est essentiel de fournir une

compréhension des investissements économiques requis dans les différentes formes d'organisation de soins de santé de première ligne. Finalement, la viabilité et l'efficacité ainsi que la réceptivité au changement étaient d'autres aspects moins sondés au moyen des questionnaires retenus dans notre étude. Le recours à ces types d'items, surtout liés aux processus dynamiques des organisations, seraient d'une certaine importance pour mieux comprendre le potentiel de réforme dans l'organisation et la prestation des soins de santé de première ligne ou d'innovation de la pratique actuelle.

En logeant chaque item contenu dans les questionnaires dans le système de classification que nous avons préalablement défini, il nous a été possible d'élaborer une importante base de données. Puisqu'aucun questionnaire ne couvre toutes les caractéristiques organisationnelles des soins de santé de première ligne, nous sommes persuadés que cette base de données permettra de réaliser des évaluations de façon plus optimale. Précisons que les utilisateurs pourront tirer profit cette base de données dans la mesure où leurs objectifs de recherche ou d'évaluation seront clairs et précis, ce qui orientera leur choix des items compris dans la base de données.

5.2   FORCES ET LIMITES

Dans l'ensemble, notre étude a permis de repérer de nombreux questionnaires validés disponibles pour mesurer les caractéristiques organisationnelles des soins de santé de première ligne. Nous avons également repéré des questionnaires non validés. Dans ces cas, nous n'avons pas cherché à en évaluer la validité, puisque la majorité de ces questionnaires comprenait les mêmes questions et concepts que ceux des questionnaires validés retenus dans notre étude. Toutefois, si les items classés à l'annexe 2 étaient utilisés pour élaborer un questionnaire, nous recommandons fortement qu'un test cognitif soit effectué au préalable afin de s'assurer de la compréhension des questions auprès du public cible ainsi que de l'exactitude des choix de réponses proposés.

Dans notre étude, l'accessibilité et la disponibilité des questionnaires ont constitué un défi à relever. Malgré tout, grâce à notre démarche méthodologique (revue de la littérature scientifique et grise ainsi que la méthode en boule de neige), nous croyons avoir été en mesure de repérer la grande majorité des questionnaires actuellement disponibles permettant de mesurer les caractéristiques organisationnelles des soins de santé de première ligne. La méthode en boule de neige a été particulièrement utile, puisque peu de questionnaires ont fait l'objet de publications scientifiques. Finalement, bien que nous ayons communiqué avec les experts reconnus en matière d'études organisationnelles sur les soins de santé de première ligne, nous ne pouvons affirmer que nous avons repéré tous les questionnaires disponibles et pertinents. Cela dit, notre étude de repérage repose sur une démarche de collecte et d'analyse des données qui nous a menés à une bonne saturation et nous croyons avoir ainsi couvert la plus grande partie du domaine.

Dans le cadre de cette étude, notre intention était surtout de cartographier les questionnaires existants et accessibles qui permettaient de mesurer des caractéristiques organisationnelles des soins de santé de première ligne et de proposer un ensemble de caractéristiques organisationnelles considérées comme importantes dans l'évaluation de l'organisation et de la prestation des soins de santé de première ligne. De plus, signalons que la qualité du

contenu des questionnaires ne figurait pas parmi les objectifs de la présente étude, et l'accès aux données obtenues grâce aux questionnaires aurait été nécessaire pour évaluer la qualité de certains questionnaires. Il faut souligner que le résumé de notre évaluation de la couverture des caractéristiques organisationnelles par les questionnaires retenus, et présenté dans le tableau 3, a reposé sur un critère dichotomique « élément couvert/non couvert ». Une analyse plus poussée serait nécessaire pour connaître le degré de couverture de chaque concept compris dans chacun des questionnaires retenus.

Les 19 questionnaires retenus étaient présentés, rappelons-le, sous différentes formes et ont été utilisés tant au Canada que dans d'autres pays. Bien que tous ces outils soient liés à un contexte de soins de santé de première ligne, ils ont été principalement utilisés dans des contextes spécifiques. Pour l'instant, on ne peut donc évaluer la pertinence d'utiliser certains de ces items dans un contexte canadien. Par exemple, l'outil de mesure TransforMED portait sur la compréhension de la transformation des pratiques de soins de santé de première ligne à partir d'une approche d'organisation de soins axés sur le patient et il était orienté vers un contexte organisationnel précis. Autre exemple, le questionnaire ISPCD, qui compare les caractéristiques des médecins de première ligne aux États-Unis avec celles des médecins de dix autres pays, a été utilisé dans le cadre d'une évaluation plus générique de l'organisation de soins de santé de première ligne.

Finalement, certains questionnaires considéraient l'organisation comme l'unité d'analyse, tandis que pour d'autres c'était le prestataire de soins en considérant l'organisation comme un élément de contexte qui influencent le travail de ces prestataires. La grande diversité des approches d'évaluation sous-jacente à la conception des questionnaires nous incite à faire preuve de prudence avant de faire le choix des items des divers questionnaires en nous assurant tout d'abord de leur pertinence en tenant compte des objectifs du projet d'évaluation et des contextes de l'organisation des soins de santé.

6   CONCLUSION

Il est important que les décideurs, les gestionnaires et les prestataires de services de santé aient accès à des données fiables et comparables générées dans le cadre d'évaluations de l'organisation et de la prestation des soins de santé de première ligne, et ce au moyen de questionnaires mesurant adéquatement les caractéristiques organisationnelles des soins de santé de première ligne.

La définition d'un grand nombre de caractéristiques organisationnelles par les auteurs qui ont publié dans le domaine, comme l'ont démontré les travaux de Haggerty et collab. (2007), de Hogg et collab. (2008), ainsi que la présente étude, suggère que la tâche de conceptualisation des caractéristiques organisationnelles des soins de santé de première ligne n'est pas simple. En effet, pour effectuer une analyse en profondeur de l'organisation et de la prestation des soins de santé de première ligne, de nombreuses caractéristiques doivent être prises en considération. En effet, nous avons vu que certaines caractéristiques organisationnelles sont moins mesurées, tandis que d'autres figurent dans presque tous les questionnaires retenus aux fins de cette étude de repérage. Comme l'ont démontré nos résultats, le questionnaire organisationnel du projet *Évolution* se démarquait particulièrement. Il était l'un des rares questionnaires sélectionnés qui avait été conçu en se basant sur quatre dimensions organisationnelles d'importance : la vision, la structure organisationnelle, le niveau de ressources et les caractéristiques des pratiques cliniques. Au moment de l'étude, ce questionnaire avait été utilisé et validé à deux reprises dans le contexte d'une vaste étude sur les modèles organisationnels et le rendement (2005 et 2010) dans la province de Québec, au Canada. Le fait que ce questionnaire ait été utilisé dans un contexte canadien est d'une pertinence particulière pour la présente étude; il a d'ailleurs été utilisé pour l'élaboration du questionnaire mesurant les caractéristiques organisationnelles pour le *Projet d'étude des soins de santé de première ligne* de l'ICIS.

Enfin, rappelons que notre étude avait pour objectif de repérer et de classifier les questionnaires existants et disponibles, et qu'elle a aussi permis d'atteindre un autre objectif : fournir une base de données pour le développement de questionnaires utiles dans le cadre d'une étude mesurant les caractéristiques organisationnelles des soins de santé de première ligne.

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ANNEXE 1

LES QUESTIONNAIRES ET LES OUTILS RETENUS

LES QUESTIONNAIRES ET LES OUTILS RETENUS

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
BEACH: Bettering the Evaluation And Care of Health – AGPSCC (Australia)			
GP characteristics questionnaire, 2009-10	20 PS[a], auto-administré 20 questions	⁻ Caractéristiques du médecin de famille ⁻ Caractéristiques de la clinique ⁻ Utilisation d'outils d'électronique ⁻ Ressources humaines ⁻ Localisation / accessibilité ⁻ Horaire et heures d'ouverture ⁻ Services médicaux	Échantillonnage : Environ 1000 médecins de famille par année Type : Étude nationale transversale des activités de médecine générale Année de collecte : annuellement depuis 1998 Pays : Australie Résumé : Chaque année environ 1 000 médecins de famille choisis aléatoirement participent à l'enquête. Chaque médecin de famille doit détailler 100 consultations consécutives avec des patients sur un formulaire structuré en format papier qui fournit des informations sur eux-mêmes et sur leur pratique.
NAMCS: National Ambulatory Medical Care Survey – US Department of Health and Human Services (United States)			
Physician Interview Induce Form 2011 (PIIF)	OSSPL, entrevue téléphonique 46 questions	⁻ Caractéristiques du médecin de famille ⁻ Données démographiques des patients ⁻ Caractéristiques de la clinique ⁻ Utilisation d'outils d'électronique	Échantillonnage : 4 700 médecins travaillant dans une clinique médicale et 312 prestataires de soins (incluant des professionnels de la santé ainsi que des médecins) de centres de santé communautaires (2011) Type : Étude nationale Période de collecte : annuellement de 1973 à 1981, à nouveau en 1985, et annuellement depuis 1989. Pays : États-Unis Résumé : Cette enquête vise à répondre au besoin d'information objective et fiable sur l'offre et l'utilisation de services de soins médicaux ambulatoires aux États-Unis.
Community Health Center Induction Interview 2011 (CHCII)	OSSPL, entrevue téléphonique 4 questions	⁻ Type de clinique et localisation ⁻ Source de revenus ⁻ Volume des visites	
Electronic Medical Records Supplement 2011 (EMRS)	OSSPL, autoadministré 27 questions	⁻ Utilisation d'outils d'électronique ⁻ Volume des visites	
NatMedCa: 2001/02 National Primary Medical Care Survey – Ministry of Health (New Zealand)			
Practice Questionnaire (Practice Q.)	OSSPL, autoadministré 25 questions	⁻ Caractéristiques de la clinique ⁻ Horaire et heures d'ouverture ⁻ Services médicaux et les installations ⁻ Ressources humaines ⁻ Utilisation d'outils d'électronique	Échantillonnage : 2802 médecins de famille et infirmières Type : Étude nationale Période de collecte : en 1991-92 Pays : Nouvelle Zélande Résumé : Ce sondage a été effectué pour décrire les soins de santé de première ligne en Nouvelle-Zélande, y compris les caractéristiques des prestataires de soins et de leurs cliniques, les patients qui les consultent, les problèmes de santé rencontrés et le soutien offert.
Practitioner Questionnaire (PQ)	PS, autoadministré 17 questions	⁻ Caractéristiques du médecin de famille ⁻ Horaire et heures d'ouverture ⁻ Type de consultations	

a   Indique la source des renseignements recueillis. OSSPL indique que la source est l'organisation de services de santé de première ligne, PS indique qu'il s'agit du prestataire de soins.

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
TransforMED: Methods for evaluating practice change toward a patient-centered medical home – Jaén C.R., CRFMPC (United States)			
Baseline Practice Survey (BPS)	OSSPL, autoadministré 96 questions	- Caractéristiques de la clinique (ressources humaines, gouvernance, fonctionnement et climat) - Caractéristiques démographiques - Caractéristiques du médecin de famille - Caractéristiques des nouveaux modèles	Échantillonnage: Sur 36 cliniques qui ont accepté de participer, 31 cliniques ont terminé l'étude Type: Étude régionale Collecte: 2006-2008 Pays: États-Unis Résumé: Le projet de recherche vise à comprendre la transformation des cliniques de soins de santé de première ligne en établissements de soins centrés sur le patient (les processus de changement, les résultats de multi-niveaux et contexte).
Financial Survey (FS)	OSSPL, auto-administratré 26 questions	- Ressources économiques - Mécanismes de financement - Viabilité et efficacité	
Practice Environment Checklist (PEC)	OSSPL, check list 123 questions	- L'évaluation de l'environnement de pratique (fonctionnement et climat) - Sensibilité aux réalités culturelles - Environnement organisationnel - Sécurité des patients - Facteurs de changement au sein de la pratique de Kotter - Contenu du modèle de TransforMED	
PCMA Checklist	OSSPL, check list 16 questions	- Caractéristiques du médecin de famille - Dimensions multiples	
Vital Self Assessment	OSSPL, autoadministré 12 questions	- Caractéristiques du médecin de famille - Dimensions multiples	
QUALICOPC: Physician Questionnaire, Evaluating costs and quality of primary care in Europe – NIVEL (Europe)			
	PS, autoadministré 62 questions	- Caractéristiques de la clinique (lieu, heures d'ouvertures, etc.) - Caractéristiques du médecin de famille - Type de rémuneration - Ressources humaines - Sécurité des patients et lignes directrices - Horaire et heures d'ouverture	Échantillonnage: 220 médecins généralistes dans chaque pays ainsi que le recrutement de 10 patients pour chacun des médecins généralistes pour un total d'environ 2200 patients. Type: Étude internationale Période de collecte: du 1er 2010 au 1er juin 2013 Lieu: Europe : 36 pays, dont 27 membres de l'Union européenne, en plus de la Suisse, la Norvège, la Macédoine, l'Islande et la Turquie. À ces pays s'ajoutent, l'Israël, la Nouvelle-Zélande, l'Australie et le Canada. Résumé : La collecte de données aura lieu dans tous les pays au

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
		- Services médicaux et les installations - Utilisation d'outils d'électronique - Accessibilité - Gestion des maladies spécifiques - Satisfaction au travail	moyen de questionnaires parmi les échantillons de médecins de soins de santé de première ligne et de leurs patients. L'étude devrait fournir une réponse aux questions suivantes : qu'est-ce qu'implique un système de santé de première ligne solide? Quels sont les effets d'un solide système de soins de première ligne sur la performance globale d'un système de santé ?
ISPCD: 2009 International Survey of Primary Care Doctors – Commonwealth Fund (International)			
	PS, autoadministré 40 questions	- Caractéristiques du médecin de famille - Accessibilité - Équipes et la coordination des soins - Utilisation d'outils d'électronique - Mesure de la performance de la clinique - Caractéristiques de la clinique et données démographiques	Échantillonnage: plus de 10 000 médecins de soins de santé de première ligne Type: Étude internationale Période de collecte: en 2009 Pays: Australie, Canada, France, Allemagne, Italie, Pays-Bas, Nouvelle-Zélande, Norvège, Suède, Royaume-Uni et les États-Unis Résumé: Cette étude a questionné les médecins de soins de première ligne dans 11 pays afin de comprendre ce qui se passe au niveau des soins de santé de première ligne.
SOAPC: Survey of Organizational Attributes for Primary Care (United States)			
	Équipe SSP, auto-administré 21 items	- Communication - Prise de décision - Stress/chaos - Historique du changement	Échantillonnage: 640 professionnels (cliniciens, infirmières et personnel de soutien) de 51 cliniques médicales de première ligne Type: Étude régionale Période de collecte: -- Pays: États-Unis (New Jersey et l'est de la Pennsylvanie) Résumé: Cette étude a pour but de développer un instrument de mesure d'attributs organisationnels des cliniques de soins de santé de première ligne et d'évaluer les propriétés de mesure de cet instrument.
PCPSS/PPQCS: Primary Care Practice Site Survey - Associations Between Structural Capabilities of Primary Care Practices and Performance on Selected Quality Measures – Friedberg, M. (United States)			
Primary Care Practice Site Survey (PCPSS)	OSSPL, autoadministré 35 questions	- Caractéristiques de la clinique - Dimensions multiples	Échantillonnage: 305 cliniques Type: Étude régionale Période de collecte: de mai 2007 à octobre 2007 Pays: États-Unis (Massachusetts)
Physician Practice and Quality of Care Survey (PPQCS)	OSSPL, autoadministré 35 questions	- Caractéristiques de la clinique, performance et caracteristiques - Outils d'amélioration de la qualité - Autres considerations	Résumé: Une étude à propos des capacités structurelles des cliniques de soins de santé de première ligne, incluant, entre autres, des questions sur les rappels aux patients, les dossiers médicaux informatisés, l'accessibilité et la disponibilité.

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
NSPOII: National Study of Physician Organizations and the Management of Chronic Illness II – Shortell, S.M. (United States)			
Independent Practice Association (IPAs) National Survey Questionnaire	OSSPL, entrevue téléphonique 222 questions	⁻ Caractéristiques de la clinique ⁻ Utilisation d'outils d'électronique ⁻ Gestion des soins et la pratique clinique ⁻ Mécanismes de financement ⁻ Soins préventifs et promotion de la santé ⁻ Culture organisationnelle	Échantillonnage: 538 médecins au sein d'organisations ont complété l'entrevue Type: Étude nationale Période de collecte: la première collecte a eu lieu de septembre 2000 à septembre 2001, la seconde de mars 2006 à mars 2007 et, enfin, d'octobre 2011 jusqu'en 2012. Pays: États-Unis Résumé: Cette enquête vise à évaluer l'état des processus de prestation des soins et l'utilisation de services préventifs ainsi que leurs déterminants et la mesure dans laquelle ces facteurs ont changé au fil du temps.
Medical Group National Survey Questionnaire	OSSPL, entrevue téléphonique 221 questions		
IDCP2D: Improving the delivery of care for patients with type 2 diabetes – Shortell, S.M. (United Kingdom)			
Questionnaire – Background & Section 1	Équipe SSP, auto-administré (10-15 minutes) 10 questions	⁻ Caractéristiques de l'équipe SSP ⁻ Dimensions multiples	Échantillonnage: Personnel clinique et non-clinique au sein de 100 cliniques de médecine générale. Type: Étude nationale Période de collecte: -- Pays: Royaume Uni Résumé: Le but de cette étude est d'améliorer la qualité des soins aux patients diabétiques pris en charge par les soins de santé de première ligne en identifiant les facteurs individuels, d'équipe et organisationnels qui permettent de prévoir la mise en place des meilleures pratiques.
Organisational Structure (Telephone interview schedule(TIS))	OSSPL, entrevue téléphonique 25 questions	⁻ Caractéristiques de la clinique ⁻ Ressources humaines ⁻ Processus cliniques ⁻ Services médicaux	
NPS 2010: Sondage national des médecins – Le collège des médecins de famille du Canada (Canada)			
	PS, autoadministré 39 questions	⁻ Caractéristiques du médecin de famille ⁻ Caractéristiques de la clinique ⁻ Accessibilité – Données démographiques ⁻ Répartition du temps ⁻ Mécanismes de financement ⁻ Utilisation d'outils d'électronique ⁻ Modifications apportées à votre pratique ⁻ Satisfaction professionnelle ⁻ Gestion des maladies spécifiques	Échantillonnage: 12,076 médecins ont répondu au questionnaire Type: Étude nationale Période de collecte: une fois en 2004, puis en 2007 et en 2010 Pays: Canada Résumé: Le Sondage national des médecins est mené tous les trois ans afin de capter l'évolution de la profession, la façon dont elle répond aux besoins de la société et les intérêts personnels et professionnels de ses membres actuels et futurs.

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
NFPWS 2001 : National Family Physician Workforce Survey – Le collège des médecins de famille du Canada (Canada)			
	PS, autoadministré 52 questions	⁻ Caractéristiques du médecin de famille ⁻ Caractéristiques de la clinique - données démographiques ⁻ Répartition du temps ⁻ Mécanismes de financement ⁻ Accessibilité ⁻ Modifications apportées à votre pratique ⁻ Satisfaction professionnelle ⁻ Vie familiale / personnelle ⁻ Éducation / formation	Échantillonnage: 14,319 médecins de famille ont répondu au questionnaire Type: Étude nationale Période de collecte: une fois en 1997/98 et ensuite en 2001 Pays: Canada Résumé: Le NFPWS 2001 s'appuie sur la base de données originale en recueillant de l'information qui permettra de faire des comparaisons directes de l'évolution des modes de pratique des médecins de famielle depuis 1997 et d'explorer de nouveaux domaines d'intérêt. L'enquête a tenté de produire un profil détaillé des modalités d'exercice des médecins de famille aux quatre coins du pays.
COMP-PC: Comparison of Models of Primary Health Care in Ontario – Hogg, W. (Ontario - Canada)			
Practice Survey	OSSPL, autoadministré 20 questions	⁻ Caractéristiques de la clinique ⁻ Questions générales ⁻ Processus cliniques ⁻ Mécanismes de financement	Échantillonnage: L'étude a recruté 137 cliniques. Ils ont recueilli 363 questionnaires auprès des prestataires de soins. Type: Étude régionale Période de collecte: entre 2004 et 2006 Pays: Canada (Ontario) Résumé: Les objectifs de l'étude COMP-PC étaient de décrire quatre modèles de financement des organisations de santé en Ontario, de mesurer et comparer la qualité des soins de santé de première ligne dispensés et de mieux comprendre les aspects organisationnels des cliniques susceptibles d'influencer l'expérience de soins des patients et la qualité des soins qu'ils reçoivent.
IMEPHC: Beyond Financial and Work Satisfaction: Improving Measurement for Evaluation in Primary Health Care - Institute for Clinical Evaluative Science (Ontario - Canada) Green M. & Hogg W.			
Practice Survey	OSSPL, autoadministré 20 questions	⁻ Caractéristiques de la clinique ⁻ Contexte médicale ⁻ Processus cliniques ⁻ Ressources humaines ⁻ Assurance de la qualité ⁻ Structure et le fonctionnement de l'équipe ⁻ Accessibilité ⁻ Utilisation d'outils d'électronique ⁻ Mécanismes de financement	Échantillonnage: N/A Type: Étude régionale Période de collecte: N/A Pays: Canada (Ontario) Résumé: Ce projet explorera les façons différentes d'acquérir des données sur les soins de santé de première ligne (questionnaires auprès des patients, auprès des prestataires de soins, auprès des cliniques, d'audit des dossiers) et examinera la validité, l'utilité et la facilité d'application de chaque outil dans le cadre de la participation des cliniques d'équipes Santé familiale.

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
CPCQ: Continuity of Primary Care in Quebec – Haggerty, J. (Québec - Canada)			
Clinic organization questionnaire	OSSPL, autoadministré 14 questions	⁻ Caractéristiques de la clinique ⁻ Dimensions multiples	Échantillonnage: 221 médecins issus de 100 cliniques privées et centre local de services communautaires (CLSC), ont participé à l'étude.
Provider questionnaire	PS, autoadministré 60 questions	⁻ Caractéristiques du médecin de famille ⁻ Caractéristiques de la clinique - données démographiques ⁻ Appartenance à la profession et à la clinique ⁻ Participation du personnel à la gestion de la clinique ⁻ Culture de la clinique ⁻ Satisfaction professionnelle	Type: Étude régionale Année de collecte: en 2002 Pays: Canada (Québec) Résumé: Cette étude examine l'état de l'accessibilité, la continuité et la coordination des soins de santé de première ligne en 2002, à l'aube de la réorganisation du système de santé de première ligne du Québec.
Clinic functioning	Liste à cocher 11 questions	⁻ Fonctionnement de la clinique ⁻ Dimensions multiples	
L'Évolution de l'organisation et de la performance des services de première ligne (2005-2010) dans deux régions du Québec : Montréal et Montérégie) – Levesque, JFL. (Québec - Canada)			
Organisationnal Questionnaire	OSSPL, autoadministré (30 minutes) 65 questions	⁻ Caractéristiques de la clinique ⁻ Resources and organisational structure ⁻ Services, pratiques et collaborations interorganisationnelles ⁻ Réorganisation des services SSP	Échantillonnage: 376 organisations de soins de santé de première ligne en 2010 et 472 en 2005 Type: Étude régionale Période de collecte: en 2005 et en 2010 Pays: Canada (Québec) Résumé: L'objectif principal de l'étude était d'identifier les modèles d'organisation de soins de santé de première ligne les mieux adaptés et les plus prometteurs pour répondre aux besoins et les attentes de la population.

Nom du questionnaire	Sources / items	Concepts couverts / échelles	Échantillonnage
PCOS-NS: Primary Care Organization Survey – Department of Health (Nova Scotia - Canada)			
Primary Care Organization Survey	OSSPL, auto-administré (30 minutes) 23 questions	⁻ Caractéristiques de la clinique ⁻ Informations sur l'organisation des SSP ⁻ Planification des services de SSP ⁻ Mécanismes d'imputabilité ⁻ Collaboration ⁻ Processus d'amélioration de la qualité ⁻ Politiques et procédures organisationnelles ⁻ Technologies de l'information et de la communication	Échantillonnage: S.O. Type: Étude régionale Période de collecte: -- Pays: Canada (Nouvelle-Écosse) Résumé: Le but de l'enquête est d'évaluer les divers aspects des soins de santé de première ligne y compris l'accès aux programmes et services, les types de programmes et de services, la planification, les mécanismes de reddition de compte, la collaboration, les initiatives d'amélioration de qualité, les politiques et procédures organisationnelles et les technologies de l'information et de communication.
Primary Health Care Provider/Team Survey	OSSPL, autoadministré (20 minutes) 74 questions	⁻ Caractéristiques de la clinique ⁻ Informations démographiques du prestataire de soins ⁻ Collaboration et continuité des soins ⁻ Perfectionnement professionnel - fonctionnement d'équipe ⁻ Satisfaction générale au travail	
CPORC: Clinicians' perception of organizational readiness for change in the context of clinical information system project : insights from two cross-sectional surveys – Paré, G. (Québec - Canada)			
	Équipe SSP, autoadministré 36 items	⁻ La réceptivité au changement et la capacité d'adaptation ⁻ Historique organisationnel du changement ⁻ Politique et conflits organisationnels ⁻ Flexibilité organisationnelle ⁻ Auto-efficacité de groupe	Échantillonnage: Étude 1 : 138 infirmières ont rempli le questionnaire. Étude 2 : 235 questionnaires (207 cliniciens et 28 médecins) ont été remplis. Type: Étude régionale Période de collecte: en 2007-2008 Pays: Canada (Québec) Résumé: L'objectif principal de cette étude était d'étudier les variables associées à la réceptivité au changement organisationnel des cliniciens dans le contexte spécifique de mise en place de systèmes d'information clinique.

ANNEXE 2

**CLASSIFICATION DES ITEMS ISSUS
DES QUESTIONNAIRES RETENUS**

Cette annexe présente les questions se rapportant aux attributs organisationnels des soins de santé de première ligne, retrouvés dans les questionnaires et outils qui ont été retenus. Les questions sont regroupées en fonction de la classification présentée dans la Section 4 du présent document.

1   IDENTIFICATION DE L'ORGANISATION

1.1   RÉPONDANT

Cette catégorie comprend les éléments liés à l'identification du répondant (nom, sexe, âge, titre/fonction, etc.).

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Identification de l'organisation / Répondant / Nom			
TransforMED - FS	Q3	Name of person completing survey:	
NSPOII		Name:	
TransforMED - BPS	Application, Q91	Who participated in completing this application form? (List all names and roles)	
TransforMED - BPS	Application, Q92	Who in your practice has been involved in making the decision to apply, and how was it decided to apply?	
Identification de l'organisation / Répondant / Sexe			
BEACH - GP	Q1	Sex *(Please circle.)*	o Male / o Female
NAMCS - PIIF	S1 - Q32b	What is your sex?	o Male / o Female
NATMEDCA - PQ	Q2	Gender	o Male / o Female
IDCP2D	Background, Q1		
ISPCD	Practice Profile and Demographic Data - Q37	Are you …?	o Male / o Female
NPS2010	SA, Q3	You are:	o Male / o Female
Identification de l'organisation / Répondant / Âge			
BEACH - GP	Q2	Age	_____
NATMEDCA - PQ	Q1	Age at last birthday *(years)*	
NAMCS - PIIF	S1 - Q32a	What is your year of birth?	19__
NPS2010	SA, Q2	Your year of birth:	19__

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
ISPCD	Practice Profile and Demographic Data - Q36	How old are you?	o Under 35 / o 35-49 / o 50-64 / o 65 or older
Identification de l'organisation / Répondant / Ethnicité			
NAMCS - PIIF	S1 - Q7c	What is your ethnicity?	o Hispanic or Latino / o Not Hispanic or Latino
NAMCS - PIIF	S1 - Q7d	What is your race*? (Mark (x) one or more.)*	o White / o Black/African-American / o Asian / o Native Hawaiian / Other Pacific Islander
Identification de l'organisation / Répondant / Diplôme, qualifications ou poste			
NAMCS - PIIF	S1 - Q32h	What year did you graduate medical school?	_____ Year
BEACH - GP	Q3	How many years have you spent in general practice?	
NATMEDCA - PQ	Q4	How many years in this practice?	
NATMEDCA - PQ	Q5	Total years in General Practice	
NAMCS - PIIF	S1 - Q32i	Did you graduate from foreign medical school?	o Yes / o No
BEACH - GP	Q4	Country of graduation (primary medical degree)	
NATMEDCA - PQ	Q9	Where did you obtain your medical degree?	o New-Zealand / o Australia / o United Kingdom / o Asia / o North America / o Other (Specify)_____
NAMCS - PIIF	S1 - Q32c	What is your higest medical degree?	o Doctor of Medicine (MD) / o Doctor of Osteopathic Medicine (DO) / o Nurse Practitioner / o Physician Assistant / o Nurse Midwife / o Other
NSPOII		Position of the respondent (e.g., President, Medical Director, etc.):	
TransforMED - BPS	Application, Q93	What is your (person completing this form) position in the practice? (Check all that apply.)	o Front Office / o Back Office (e.g. billing) / o Office Manager / o Nurse / o Medical Assistant / o Physician
IDCP2D	Background, Q5	What is your role within your General Practice?	o Practice nurse / o Nurse Specialist (Specialty :...............) / o Nurse Practitioner / o Nurse Prescriber / o District Nurse / o General Practitioner (GP) (Salaried) / o GP (Partner) / o Other (please specify)…………………..
NPS2010		If you fall into any of the following categories, please check the appropriate category and return this UNCOMPLETED questionnaire in the enclosed stamped, self-addressed envelope.	o I am a medical student / o I am completely retired / o I am a resident / o I am exclusively working in a non-medical field. Please specify:

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NPS2010		Everyone else, please check ALL that apply to your current situation	o I am in full-time medical practice. o I am in part-time medical practice or semi-retired from the medical labour force. o 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.) o I am employed in a medical or medically related field only or other non-clinical settings (e.g., administration, teaching, research) o I am on a leave of absence or sabbatical from active patient care. (Complete the questionnaire in relation to your most recent medical practice.) o I have a faculty appointment. o I have a formal hospital appointment. o Other, please specify:
NPS2010	SA, Q1	Which of these best describes you? *(Please check only ONE.)*	o Family physician/general practitioner / o Family physician/general practitioner with a special focus to my practice, please specify: / o Medical/surgical/laboratory specialist, please specify: / o Physician working exclusively as a physician in a non-clinical setting, please specify: / o Other, please specify:
TransforMED - BPS	Practice Staffing Demographics, Q19	Identify the main physician contact for the practice's involvement in the TransforMED NDP:	Name: Specialty: Direct Phone Number: Email: Board certification: Total years in practice:
COMP-PC	S1 / 2 / 3	Please indicate who answered the questions in Section I / II / III. *(Please check.)*	o Office Manager/Receptionist / o Lead Physician / o Other Physician / o Nurse Practitioner / o Nurse / o Finance Manager/Accountant
Évolution		Position:	o Team leader/Medical director / o Head doctor/Physician in charge / o Member of the team of general practitioners / o Other, Specify: _____
NSPOII	SA, Q1a	Do you own or manage a medical group?	o Yes / o No
IDCP2D	Background, Q3	Are you a GP trainer in a vocational training scheme?	o Yes / o No
NATMEDCA - PQ	Q6	Post Graduate Qualifications	o M/FRNZCGP / o Overseas M/FRNZCGP equivalent / o Dip Obs / o Dip Anaesth / o Other (specify) _____
NATMEDCA - PQ	Q7	Are you a member of the New Zealand Medical Association?	o Yes / o No

1.2 LIEU

Le lieu comprend l'adresse, la ville et le type de milieu de travail.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Identification de l'organisation / Lieu			
TransforMED - FS	Q2	Practice Name:	
PPQCS		What is the name of your primary practice site?	
NSPOII		Name of Physician Organization:	
BEACH - GP	Q15	In which GP Division is this practice?	
TransforMED - BPS	Practice Information, Q53	If your practice has other office sites, please indicate how many	
TransforMED - BPS	Practice Demographics, Q1	Enter the following information about the PRACTICE:	Practice name: Address: City: State: Zip: Email: Phone: Fax: Web site:
NSPOII		Address, this will also be the address where we will send the check to :	City: State: Zip: Phone Number: Fax Number: Email:
NPS2010	SB, Q5	In which province(s)/territory(ies) do you currently work? *(Check all that apply).*	
BEACH - GP	Q14	Postcode of major practice address	
NPS2010	SB, Q6	Please provide the 6-digit postal code of your MAIN patient care setting OR main work setting:	
CPCQ	Practice Profile, Q1	Please provide the 6-digit postal code of your practice location:	
Evolution	SD, Q3	Where is your clinic located?	o In a building owned by the physicians or of which they are shareholders / o In rented offices in a commercial building for health professionals / o In rented office in a commercial building for any type of business / o In an establishment that is part of the publicly-funded health netwer (hospital, CLSC, etc.) / o Others (Specify: _____)

1.3 HISTORIQUE ET ÉVOLUTION DE LA CLINIQUE

Éléments liés à l'historique et à l'évolution de la clinique, y compris les détails comme l'âge de la clinique et les facteurs associés à sa croissance et à son développement.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Identification de l'organisation / Historique et évolution de la clinique / Âge de la clinique			
TransforMED - BPS	Practice Demographics, Q2	Number of years has this practice been in existence. If a not yet established practice, please indicate the date when you anticipate the practice to begin.	
IMEPHC	S1, Q1	How long has this practice been in operation?	_____ Years
Evolution	SD, Q1	How long has your clinic been in operation?	o Less than 1 year / o 1 to 4 years / o 5 to 9 years / o Over 10 years
Evolution	SD, Q2	How long has your clinic been at this current location?	o Less than 1 year / o 1 to 4 years / o 5 to 9 years / o Over 10 years
NSPOII	SA,Q11	For approximately how many years has your IPA (Independent Practice Association) been in existence?	_____ Years
COMP-PC	S1, Q1	How long has this practice been in operation?	_____ Years
COMP-PC	S1, Q3	How long has this practice been an FFS (Fee-For-Service)/HSO (Health Service Organization)/FHN (Family Health Network)?	_____ Years
IMEPHC	S1, Q2	How long has this practice been a FHT (Family Health Team)?	_____ Years
		What model did the practice belong to before, and when did the transition take place?	o Family Health Network (FHN) / o Fee-For-Service (FFS) / o Family Health Group (FHG) / o Family Health Organization (FHO) / o Community Health Centre (CHC) / o Other Specify: _____
		Date of transition	(DD/MM/YR)
Identification de l'organisation / Historique et évolution de la clinique / Changements au sein du personnel de la clinique			
TransforMED - BPS	S - Practice Staffing Demographics, Q22	Describe any planned or proposed changes to the number of clinicians on staff at this practice.	
TransforMED - BPS	S - Practice Staffing Demographics, Q29	Describe any planned or proposed changes to the number of office staff (non physician, medical or administrative).	
TransforMED - BPS	S - Practice Staffing Demographics, Q30	How many have left the practice within the last year?	Clinicians:_____ Staff:_____
TransforMED - BPS	S - Practice Staffing Demographics, Q31	How many have joined the practice within the last year?	Clinicians:_____ Staff:_____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - FS	Q9	Have any clinicians left or joined the practice during the 12 months?	o Yes / o No If yes, please specify how many, whether they left or joined, and which type of clinician. _____
Evolution	SE, Q1	Since 2005, has there been any change in the medical staff of your clinic? If yes, how many doctors joined in? How many left?	o Yes / o No
PPQCS	Q21ab	a. In the past year, has there been a change in the number of staff at your practice site? b. If YES, what was the change in the number of… i. Physicians ii. Non-physician clinicians iii. Administrative staff	**a.** o Yes / o No / Don't know **b.** o Decrease / o Increase / o No change
IDCP2D - TIS	S - Structure, Q13	How many staff members have left your practice in the past 12 months/ How many of these have been replaced? • GPs (partners) / • GPs (salaried) / • Nurses (employed) / • Nurses (attached) / • Administrative staff	………left ………replaced
COMP-PC	S2, Q1	Since this practice has been in operation (as an Fee-For-Service (FFS)/ Health Service Organization (HSO)/ Family Health Network (FHN)), approximately how many physicians have departed or joined? a. Departed b. Joined	o None / o 1 to 3 / o 4 to 10 / o More than 10 / o Not Sure/ Don't Know
COMP-PC	S2, Q2	Since this practice has been in operation (as an Fee-For-Service (FFS)/ Health Service Organization (HSO)/ Family Health Network (FHN)), approximately how many nurse practitioners have departed or joined? a. Departed b. Joined	o None / o 1 to 3 / o 4 to 10 / o More than 10 / o Not Sure/ Don't Know
ISPCD	Practice Profile and Demographic Data - Q34	Do you plan to leave your medical practice within the next 5 years?	o Yes, retiring / o Yes, leaving for other reasons / o No / o Not Sure
IDCP2D	S1, Q12	Over the NEXT 12 months: Do you have any plans to leave your current position/move to new position?	o Yes / o No If Yes – it would be helpful to us to know your reason for leaving …………………………………………
Identification de l'organisation / Historique et évolution de la clinique / Changements de propriété de la clinique			
TransforMED - BPS	S - Practice Information, Q50	Has there been a change in ownership in the past 12 months?	o Yes / o No
TransforMED - BPS	S - Practice Information, Q51	Is there a planned change of ownership in the next 12 months?	o Yes / o No
Identification de l'organisation / Historique et évolution de la clinique / Changements généraux dans la clinique			
TransforMED - BPS	S - Practice Information, Q52	Has your practice moved to a new office in the last 12 months?	o Yes / o No
NFPWS2001	S - Changes in Practice, Q29-30	**29**. During the past two years, have you (*please check all that apply*): **30**. Please describe the reason(s) for the change(s) you have made:_____	o Relocated practice within the same province? / o Relocated practice to another province in Canada? / o Relocated to Canada from another country? / o Moved from an urban/suburban to a

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
			rural/remote practice setting? / o Moved from a rural/remote to an urban/suburban practice setting? / o Specialized practice within an area of family medicine (e.g., psychotherapy, palliative care)? Please specify: / o Reduced scope of practice (e.g., stopped OB, emergency and/or palliative care)? Please specify: / o Expanded scope of practice (e.g., added OB, emergency and/or palliative care)? Please specify: / o Reduced or increased weekly work hours? Please specify how many hours less or more per week: / o Other change(s). Please specify: / o Made no significant change to practice?
NFPWS2001	S - Changes in Practice, Q31-32	31. Thinking about the next two years, do you plan to (*please check all that apply*): 32. Please describe the reason(s) for the change(s) you are planning:_____	o Continue current practice at same location? / o Relocate practice within the province where you are currently practicing? / o Relocate practice to another province in Canada? Please indicate province: / o Leave Canada to practise in another country? Please indicate country: / o Move from an urban/suburban to a rural/remote practice setting? / o Move from a rural/remote to an urban/suburban practice setting? / o Specialize practice within an area of family medicine (e.g., psychotherapy, palliative care)? Please specify: / o Reduce/expand scope of practice (e.g., stop OB, emergency and/or palliative care)? Please specify: / o Reduce or increase weekly work hours? Please specify how many hours less/more per week: / o Leave active practice for other reasons? Please specify: / o Make other change(s) to practice? Please specify:
Evolution	SE, Q2	In your clinic, how have the following activities evolved since 2005? • Scope of clinical activities • Number of worked hours by doctors • Number of walk-in patients seen • Medical services offered on weekends	o Have increased / o No change / o Have Decreased
Evolution	SE, Q3	In your clinic, to what extent have the following elements changed since 2005? • Working conditions for staff in your clinic • Administrative support in your clinic • Clinical practice support for general practitioners in your clinic • Quality of care delivered to patients • Access to lab/imaging facility ("plateau technique") • Possibility of having one or several nurses in your clinic • Collaboration between the clinic and other PHC in your territory • Ease by which your patients can be seen by specialists • Collaboration between the clinic and the Health and social service centre (CSSS) • Collaboration between your clinic and hospitals outside the Health and social service centre (CSSS) • Possibility of recruiting new GP's • Teamwork among professionals from your clinic • Access to information technologies	o Improved / o No change / o Deteriorated

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		• Level of financial resources available for the clinic	
SOAPC	S - History of change, Q19-21	**19.** Our practice has changed in how it takes initiative to improve patient care **20.** Our practice has changed in how it does business **21.** Our practice has changed in how everyone relates	Please indicate how strongly you agree or disagree with each statement. o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree

2. VISION ORGANISATIONNELLE

2.1 ORIENTATION

L'orientation de la clinique renvoie au système de valeurs et aux idéologies prédominantes qui orientent les actions, la prise de décisions et les priorités de l'organisation.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Vision organisationnelle / Orientation			
TransforMED - BPS	S - Practice Staffing Demographics, Q35	Practice character *(Please distribute 100 points)*[a]	a) Practice Organization A is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves. ____% b) Practice Organization B is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risk. ____% c) Practice Organization C is a very formalized and structured place. Procedures generally govern what people do. ____% d) Practice Organization D is a very production oriented place. A major concern is with getting the job done and meeting targets. ____%
TransforMED - BPS	S - Practice Staffing Demographics, Q36	Practice's Leaders *(please distribute 100 points)*[2]	a) Leaders in Practice Organization A are warm and caring – They seek to develop employees' full potential and act as their ment0rs or guides. ___% b) Leaders in Practice Organization B are risk takers. They encourage everyone to take risks and be innovative._____% c) Leaders in Practice Organization C are rule enforcers. They expect employees to follow established rules, policies, and procedures._____% d) Leaders in Practice Organization D are coordinators and coaches. They help everyone moot the practice's goals and objectives. _____%
TransforMED - BPS	S - Practice Staffing Demographics, Q37	Practice Cohesion *(Please distribute 100 points)*[2]	a) The glue that holds Practice Organization A together is loyalty and tradition. Commitment to this practice runs high. _____% b) The glue that holds Practice Organization B together is commitment to innovation and development. There is an emphasis on being first._____%

[a] The following question relates to the type of practice that your organization is most like. Each of these items contains four descriptions of practice. Please distribute 100 points among the four descriptions depending on how similar the description is to your practice. None of the descriptions is any better than the others they are just different. For each question, please use all 100 points. If a description does not fit your practice at all, please enter "0" rather than leaving a blank. For example, in the question below, if hypothetical Practice A seems somewhat similar to mine, B seems somewhat similar, and C and D do not seems similar at all, I might enter "70" points for A, "30" points for B, "0" points for C, and "0"points for D.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
			c) The glue that holds Practice Organization C together is formal rules and policies. Maintaining a smooth running operation is important here._____% d) The glue that holds Practice Organization D together is an emphasis on tasks and goal accomplishment. A production orientation is commonly shared._____%
TransforMED - BPS	S - Practice Staffing Demographics, Q38	Practice Emphases *(Please distribute 100 points)*[2]	a) Practice Organization A emphasizes human resources. High cohesion and morale in the organization is important._____% b) Practice Organization B emphasizes growth and acquiring new resources. Readiness to meet new challenges is important._____% c) Practice Organization C emphasizes permanence and stability. Efficient, smooth operations are important._____% d) Practice Organization D emphasizes competitive actions and achievement. Measurable goals are important._____%
Evolution	SC, Q1	Which statement BEST represents the population that your clinic tries to serve? *(Check one only.)*	o Anyone who needs services and shows up at the clinic o Regular clinic patients or patients registered at the clinic o The population in the neighbourhood, village or territory served by the clinic
Evolution	SC, Q2	Using the scale, indicate how important the following goals are for your clinic: *(Circle your answer choice.)* • Accessibility of services offered by the clinic • Continuous relationship with patients • Services that meet patients' physical, psychological and social needs • Delivery of preventive and health promotion services • Services that conform to established guidelines • Respect, courtesy and confidentiality • Equity in health care service delivery and absence of discrimination towards individuals • Improvement of population health	Less important More important 1 2 3 4 5 6 7 8 9 10
Evolution	SC, Q5a	Choose the statement that corresponds best to your clinic's vision in relation to: Responsibility for health. *(Check one only.)*	o Health is an individual responsibility (it is up to each individual to maintain his or her health or do that it takes to improve his or her health). o Health is a collective responsibility (It is up to society to create conditions that help maintain or improve health).
Evolution	SC, Q5b	Choose the statement that corresponds best to your clinic's vision in relation to: Right to services. *(Check one only.)*	o Access to care is an absolute right (everyone should have the same access to health care, based on need, regardless of financial ability to pay). o Access to care is a relative right (everyone should have access to health care but people who can afford it could pay for better access to health care).

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Evolution	SC, Q5c	Choose the statement that corresponds best to your clinic's vision in relation to: Responsibility / role of physician. *(Check one only.)*	o The physician is principally a health expert who makes an accurate diagnosis and identifies the most effective treatment for the patient's disease. o The physician is principally a health enabler who uses his/her competence to partner with the patient to take more control over health within the context of the patient's needs and personal life circumstance.

2.2 MISSION

Cette catégorie est liée aux buts et aux objectifs prédominants de la clinique et du personnel dans leur travail. Les objectifs spécifiques sont ici mis en évidence.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Vision Organisationnelle / Mission			
CPCQ	S - Practice Culture, Q16	To what extent does your group practice emphasize the following (or, if you are in solo practice, to what extent do you emphasize the following): • Handling urgencies or emergencies for our regular patients. • Handling urgencies or emergencies for walk-in patients. • That our practice is first and foremost a business. • Being able to see newly ill patients within 1 day. • Managing chronic illness. • Doing prevention. • Attending to psychosocial needs of patients. • Offering patients the most up-to-date drugs and procedures. • Knowing the needs of the community where our practice is located. • Keeping on schedule. • Having good relationships with specialists to facilitate referrals. • Cost-effectiveness as a criterion for use of low-volume, high cost diagnostic procedures such as CT scans. • Maintaining phone access to MDs for patients. • Offering in-hospital follow-up for regular patients of the clinic's MDs.	Not at all To a very great extent 1 2 3 4 5
Evolution	SC, Q3	Do you totally agree, partly agree, partly disagree or totally disagree with the following statements: • Physicians see the clinic as a business for which financial return is important. • Clinic physicians should consider environmental or occupational causes when assessing patients' health problems. • Clinic physicians should consider social problems in their clinical interventions for patients (e.g. poverty, violence, substance dependence).	o Totally agree **/** o Partly agree **/** o Partly disagree **/** o Totally disagree
Evolution	SC, Q4	Do you totally agree, partly agree, partly disagree or totally disagree with the following statements (or doesn't apply because only 1 doctor in the clinic): • Clinic professionals share the clinic's mission, values and objectives. • It is important for the clinic's general practitioners to work as a team.	o Totally agree **/** o Partly agree **/** o Partly disagree **/** o Totally disagree **/** o Doesn't apply because only 1 doctor in the clinic
Evolution	SC, Q6	Choose the one statement that corresponds best to your clinic's priorities regarding service organization. *(Check one only).*	o Service accessibility is a higher priority. o Continuity of care for patients is a higher priority.
Evolution	SC, Q7	Choose the one statement that corresponds best to your clinic's preferred approach for obtaining desired health outcomes for your patients. *(Check one only).*	o Rather the application of evidence-based medicine and clinical guidelines. o Rather the participation and empowerment of the patient and his family.

2.3   RESPONSABILITÉ ET IMPUTABILITÉ

Cette catégorie comprend les renseignements sur la responsabilité et l'imputabilité de l'organisation auprès des institutions professionnelles et des corps gouvernementaux compétents, de même que la santé de la communauté et le système global de soins de santé.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Vision organisationnelle / Responsabilité et imputabilité			
QUALICOPC	S - Community responsibility, Q58	If you were confronted with the following among your patients, would you report this (for instance to an authority)? a) Repeated accidents at a factory. b) Frequent respiratory problems in patients living near a factory. c) Repeated cases of food poisoning among people living in a certain district.	o Yes / o Probably yes / o Probably not / o No / o Don't know
Evolution	SA, Q7	To what extent do general practitioners at your clinic feel responsible for the health of the population in the neighbourhood, village or territory where your clinic is located?	o Highly / o Fairly / o Slightly / o Not at all
Evolution	SA, Q8	To what extent do general practitioners at your clinic feel accountable for their professional activities to… a) The Régie de l'assurance maladie du Québec (RAMQ)? b) The Collège des médecins? c) Colleagues at work? d) Governance/clinic managers?	o Highly / o Fairly / o Slightly / o Not at all / o Doesn't apply because only one doctor in the clinic

3. RESSOURCES ORGANISATIONNELLES

3.1 RESSOURCES HUMAINES

La catégorie des ressources humaines comprend les aspects reliés à la composition et à l'implication du personnel de la clinique. Les détails concernant le nombre de professionnels de la santé, le nombre d'heures travaillées par semaine, de même que l'âge, le sexe, le milieu de travail et les fonctions occupées par les divers membres du personnel font également partie des éléments pris en considération.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources humaines / Taille ou composition des équipes de professionnels de la santé			
NSPOII	SA, Q8	Which ONE of the following three statements best describes your Independent Practice Association (IPA)? If response is 3: What is the main specialty in your IPA?	1. It is mainly primary care physicians. [please consider primary care physicians to include family practitioners, general internists, general practitioners, and general pediatricians] 2. It is a multispecialty IPA that includes both specialists and primary care physicians. 3. It is mainly non-primary care specialists
BEACH - GP	Q16	For this practice, please specify the number of... (Full time equivalent (FTE) = 35-45 hrs/wk)	• Individual General Practitioners (including yourself)? • Full time equivalent General Practitioners (including yourself)? • Individual Practice Nurses? • Full time equivalent Practice Nurses?
NAMCS - PIIF	S2 - Q18d	How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with you?	
NATMEDCA - Practice Q.	S -Mix of personnel, Q13	Please indicate the number of FTE workers in the following categories: (*Please use Full Time Equivalents e.g. 0.5 = 2.5 days/week; when one person performs more than one role, please estimate amount of time for each. Rough data is better than none at all!*)	• Manager / •Reception staff / • Administrative staff / • Doctor / • Nurse / • Community worker / • Midwife / • Other (Specify) :_____
NATMEDCA - Practice Q.	S -Mix of personnel, Q14	Please indicate the number of staff according to the following ethnicity categories	• New Zealand European / • Maori / • Samoan / • Cook Island Maori / • Tongan / • Niuean / • Chinese / • Indian / • Other
TransforMED - BPS	S - Practice Staffing Demographics, Q21	Please complete the following regarding the number of clinicians in your practice and their FTEs (Full Time Equivalent): • Doctor of Medicine (MD) / • Doctor of Osteopathic Medicine (DO) / • Nurse Practitioner (NP) / • Physician Assistant (PA) / • Other Clinician(s)	Full-Time:_____ Part-Time: _____ Total FTE: _____
TransforMED - BPS	S - Practice Staffing Demographics, Q26	Please complete the following regarding the number of staff in your practice and their FTEs: • Registered Nurse (RN) / • Licensed Practical Nurse (LPN) / • Medical Assistant (CMA/MA)/ • Clerks / Receptionists / Billing / • Medical Records Technician / • Information Technology Technician / • Social Worker / Financial Counselor / • Dietician Allied Health Staff (Lab, X-ray, EKG tech, physician therapist) / • Practice	Full-Time:_____ Part-Time: _____ Total FTE: _____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		Manager / • Patient Educators / • Other	
TransforMED - FS	Q15-Q18	Please provide your best estimate of current staffing. (FTE = Full Time Equivalent).	Total Physicians FTE's _____ Total Nurse Practitioners FTE'S _____ Total Physicians Assistants FTE's _____ Total Other Staff FTE's_____
QUALICOPC	S - Practice staff, Q20	Do you work alone or in shared accommodation with one or more GPs and/or medical specialists? Please also fill in their number of FTEs (Full Time Equivalents).	• Alone • With other GPs in shared accommodation, namely __ GPs (fill in number), counting for ___ FTE • With medical specialist(s) in shared accommodation, namely __ specialists (fill in number), counting for ___ FTE • With both GPs and medical specialists in shared accommodation; their total number is: __ (fill in number), counting for ___ FTE
QUALICOPC	S - Practice staff, Q21	Which of the following disciplines are working in your practice/centre? • Receptionist/med. secretary / • Practice nurse / • Assistant for laboratory work / • Manager of the centre or practice (not a physician) / • Community / home care nurse / • Psychiatric nurse / • Midwife / • Physiotherapist / • Dentist / • Pharmacist / • Social worker	o Yes / o No / o Don't know "
PCPSS	Q16	In a typical day, • How many physicians (including OB/GYNs) at your practice site provide primary care? • How many of these physicians are taking new patients? • How many of these physician are OB/Gyn?	
PCPSS	Q17	During a typical day, how many non-physicians clinical staff are engaged in patient care at your practice site?	_____ = number of Nurse Practitioners (NPs) and Physician Assistant (PA)s _____ = number of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) _____ = number of Medical Assistants _____ = number of Pharmacists _____ = number of Social Workers or Counselors _____ = number of Nutritionists _____ = other staff: _____
PCPSS	Q20 a, b	a. How many specialist physicians provide specialty services at your practice site (excluding OB/GYNs)? b. What specialty services do they provide?	
PCPSS	Q19	During a typical day, how many administrative staff (e.g., managers, receptionists, billing coordinators, medical records personnel) are present at your practice site?	
NSPOII	SA, Q2	At the present point in time, approximately what is the total number of physicians practicing in your IPA across all its locations? *(Please count both full and part-time.)*	Total number of physicians _____
NSPOII - MG	SA, Q7	If you indicated that your medical group owns an IPA, approximately what is the total number of physicians (both full-time and part-time) practicing in your owned IPA, IF *(UNSURE: Please give me your best estimate.)*	Total number of physicians _____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IDCP2D - TIS	S - Structure, Q11	Are there any other health professionals attached to (or employed by) your practice?	o Yes / o No
		a. If yes, note: • Type of HP: Chiropodist, Psychologist, Healthcare assistant, Midwife, etc. • Number of sessions: • Nature of attachment – what they do, who employed by:	Name_____ Role_____ No of sessions _____
IDCP2D - TIS	S - Structure, Q12	How many administration staff (managerial, clerical, reception) do you have in your practice?	Name_____ Role_____ No of sessions _____
NFPWS2001	S-Practice Setting, Q4	Please indicate the NUMBER of each type of health care provider in your MAIN practice setting. *(Please count yourself.)*	• Family Physicians / • Registered Nurses (other than nurse practitioners) / • Psychologists / • Specialist Physicians / • Other Nurses (e.g., registered / licensed practical nurses) / • Occupational Therapists / • Nurse Practitioners / • Dieticians / Nutritionists / • Physiotherapists / • Others. Please specify:
COMP-PC	S1, Q9	Does your practice site hire physicians to work on a contractual basis? *(Please check one.)*	o Yes / o No
		If Yes, how many full-time-equivalent (FTE) physicians per week? How many on a sporadic basis?	_____FTE _____
CPCQ	S - Practice profile, Q5	Please indicate the NUMBER of each type of personnel that works in this practice setting:	Receptionists / • Medical or Administrative Secretaries / • Secretary-Receptionist / • Janitorial Staff / • Clerical staff / • Other Please specify: _____
Evolution	SA, Q1.a	How many general practitioners, including those working part time, currently work at your clinic?	
Evolution	SA, Q1.c	How many of these are in the following age categories?	• 34 and less / • 35 to 49 / • 50 to 64 / • 65 and more
Evolution	SA, Q1.d	How many of these are:	Women: _____ Men: _____
Evolution	SA, Q1.e	How many of these general practitioners have been working at your clinic for more than 5 years?	
Evolution	SA, Q3	How many nurses currently work at your clinic?	
TransforMED - BPS	S - Practice Staffing Demographics, Q20	Describe the physicians in your practice.	• Degree: • Years in Practice: • Specialty: • Board Certification:
TransforMED - BPS	S - Practice Demographics, Q4	Which clinical specialties are represented in this practice? *(Choose all that apply.)*	o Family Medicine / o Internal Medicine / o Pediatrics / o OB/GYN / o Other (please specify) _____
IDCP2D - TIS	S - Structure, Q10	How many nurses do you have in your practice? ……………….	How many are employed by the practice? Name / How many sessions are covered by this Nurse? How many are attached to the practice? (District nurses, etc.): Name / How many sessions are covered by this Nurse?

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NSPOII	SA,Q13	Approximately what proportion of the physicians in your IPA is board-certified? Do not include board-eligible. *(IF UNSURE: Please give your best estimate.)*	_____ %
ISPCD	Practice Profile and Demographic Data - Q29	How many non-physician FTE health care providers (nurses, therapists or other clinicians) are in your practice?	
ISPCD	Practice Profile and Demographic Data - Q28	How many full time equivalent (FTE) doctors, including yourself, are in your practice?	
IMEPHC	S11, Q1	For each participating Family Physician or Nurse Practitioner, please indicate the following: *(Please list each of the participating Family Physicians or Nurse Practitioners)*	
IDCP2D - TIS	S - Structure, Q9	How many GPs do you have in your practice? ……………….	How many are partners? Name / How many sessions are covered by this Dr? How many are salaried? Name / How many sessions are covered by this Dr?
Organizational Resources / Ressources humaines / Heures de travail			
BEACH - GP	Q5	How many direct patient care hours do you work per week? (include hours of direct patient care, instructions, counselling, etc. and other services such as referrals, prescriptions, phone calls, etc.)	
NAMCS - PIIF	S2 - Q19a	During the last normal week of practice, how many hours of direct patient care did you provide?	
NATMEDCA - PQ	Q8	How many hours per month do you spend on Continuing Medical Education (CME) / Maintenance of Professional Standards (MOPS)?	_____ hours
NATMEDCA - PQ	Q14	Number of half days worked per week	
ISPCD	Practice Profile and Demographic Data - Q30	Thinking about your medical practice, about how many hours a week do you typically work? *(Your best estimate will do.)*	
CPCQ	S - Practice profile, Q4	Please provide the following information for each type of health care provider in this practice setting. Type of health care provider • GPs / • Specialists (MDs), specify / • Nurses / • Assistant nurses / • Psychologists / • Occupational therapists / • Physiotherapists / • Dietetician / • Others, specify :	**- Number** **- Present at the clinic** • Days / week • Hours / week **- Relationship with family doctors** • Referrals from GPs to providers (Y/N) • Referals from providers to GPs (Y/N) • Formal exchange of information about results of evaluations or treatments
Evolution	SA, Q1.b	Indicate how many general practitioners in the following categories work at your clinic.	• Less than 10 hours a week? _____ • 10 to 25 hours a week?_____ • 26 to 40 hours a week?_____ • More than 40 hours a week?_____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources humaines / Rôle des professionnels de la santé			
TransforMED - BPS	S - Practice Staffing Demographics, Q27	Please indicate the involvement of your practice's MEDICAL ASSISTANTS (CMA/MA) in the following activities: *(Check all that apply.)*	o Patient triage (none, some, and a lot) / o Patient telephone advice / o Medication refills / o Health behavior counselling / o Chronic disease management / o Medical history taking / o Immunizations by protocol / o Patient follow-up
TransforMED - BPS	S - Practice Staffing Demographics, Q28	Please indicate the involvement of your practice's NURSES (RN or LPN) in the following activities. *(Check all that apply.)*	o Patient triage / o Patient telephone advice / o Medication refills / o Health behavior counselling / o Chronic disease management / o Medical history taking / o Immunizations by protocol / o Patient follow-up
QUALICOPC	S - Collaboration, Q46	Does your practice nurse independently provide: • Immunisation • Health promotion (e.g. giving lifestyle advice) • Routine checks of chronically ill patients (e.g. diabetes) • Minor procedures (e.g. ear syringing, wound treatment)	o Not applicable (No nurse in my practice) / o Yes / o No
ISPCD	Teams and Care Coordination - Q10	Other than doctors, does your practice include any other health care providers (e.g., nurses, nurse practitioners, physician assistants, medical assistants, or pharmacists) who share responsibility for managing patient care?	o Yes / o No
ISPCD	Teams and Care Coordination - Q11	IF YES: Do any of these other staff help manage patient care in the following ways? a. Call patients to check on medications, symptoms, or help coordinate care in-between visits b. Execute standing orders for medication refills, ordering tests, and delivering routine preventive services c. Educate patients about managing their own care d. Counsel patients on exercise, nutrition and how to stay healthy	o Yes, routinely / o Yes, occasionally / o No
Evolution	SB, Q21	What are the roles and functions of the nurses on your medical team? *(Check all that apply.)*	o There's no nurse on the medical team o Triage of walk-in patients o Counseling on tobacco use, diet and physical activity o Health education (e.g. blood glucose testing, blood pressure measurement) o Follow-up of specific clienteles o Sexually transmitted and blood borne infections (STBI) counseling o Liaison and coordination with CLSC, LTCF, hospitals and other clinics o Support for medical activities (blood pressure, weight, injections, etc.) o Participation in clinical decisions o Conducting clinical activities as part of a collective prescription

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources humaines / Disponibilité des professionnels de la santé			
NPS2010	SC, Q12	Are there any barriers that currently exist to prevent you from engaging a Physician / Clinical Assistant or Nurse Practitioner in your practice? *(Check all that apply.)* • Physician / Clinical Assistants • Nurse Practitioners	o Lack of information about them o They have not been introduced in my jurisdiction yet o Liability is not clearly defined o Regulatory framework does not permit me to delegate to them o Limited funding models o My practice would not benefit from them o Other, please specify: "
CPCQ	S - Practice profile, Q6	How difficult is it for this clinic to find MDs, nurses and support staff to provide services according to the following schedule: • MDs / • Nurses / • Support staff	o Monday to friday, 9AM-5PM / o Monday to friday, 5PM-9PM / o Saturday / o Sunday

3.2 RESSOURCES ÉCONOMIQUES

Les ressources économiques de la clinique sont documentées en ce qui a trait aux sources et aux montants de financement reçus. Les détails concernant le budget d'exploitation de la clinique et les dépenses courantes font également partie de cette catégorie. L'information sur la façon dont les ressources économiques sont attribuées dans l'organisation (par exemple : les mesures incitatives financières) est prise en considération dans la « gouvernance » et les « mécanismes de financement ».

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources économiques / Coûts d'opérations			
TransforMED - BPS	S - Practice characteristics, Q54	What is the practice's net revenue per physician per year (net revenue = revenue after expenses)? *(Please provide a numerical response.)*	
TransforMED - FS	Q20	Please give your best estimate on the average monthly gross revenues for the practice? *(In US Dollars$; example "2,000,000.00)*	
TransforMED - FS	Q21	Please give your best estimate on the Average monthly pay roll? This includes all physicians and all staff. *(In US Dollars$; example "2,000,000.00)*	
TransforMED - FS	Q22	Please give your best estimate on the OTHER (not payroll) monthly expenses (e.g. rent or mortgage, phone, utilities, supplies, maintenance, fees, etc.)? *(In US Dollars$)*	
TransforMED - FS	Q23	Average annual Physician salaries. *(In US Dollars$)*	
TransforMED - FS	Q24	Average annual Nurse Practitioner salaries. *(In US Dollars$)*	
TransforMED - FS	Q25	Average annual Physician Assistant salaries. *(In US Dollars$)*	
COMP-PC	S3	Please indicate the staffing level for the most recent year *(Please specify fiscal or calendar year.)* • # Full Time Equivalents (FTEs) • Average Wage/ Hour/ Person($)	**Physicians** • Family Physicians **/** Specialist Physicians **/** Pediatricians **Other Professional** • Nurse Practitioners **/** Registered Practical Nurses **/** Nurses **/** Nursing Assistant **/** Dieticians/Nutritionists **/** Pharmacists **/** Occupational Therapists **/** Physiotherapists **/** Chiropractors **/** Chiropodist **/** Technicians/Technologists **/** Midwives **/** Psychologists **/** Community Health Workers **/** Social Workers **/** Others: (refer to list below) : (case aides, child care/preschool teacher, child welfare worker, community developer, counselor, cultural interpreter, lawyer, legal aid, outreach/counselor worker, outreach worker, parent educators, practical assistants, recreation worker, service access coordinator, speech/language, pathologist, trained peer worker and welfare worker, acupuncturist, health promoter/educator, alternative, complementary therapist, home care worker, hypnotist, massage therapist, student/trainee and traditional healer) **Administrative personnel** Office Manager **/** Receptionists **/** Other Administrative Personnel **/** Others, please specify (e.g. volunteers):
COMP-PC	S3	Please indicate the operations cost for the most recent year *(Please specify*	Physician Benefits (excluding salaries) (Includes Health

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		fiscal or calendar year).	Benefits, Life Insurance, Pension, Relief, Professional Development, etc)
		If you prefer, instead of filling out the following section, you may attach a copy of the practice's year end financial statement. Project staff will extract the necessary information then shred the financial statement.	Salaries and Benefits of all personnel other than Physicians (Includes, Salaries, Health Benefits, Life Insurance, Pension, Relief, Professional Development, etc)
		Note that all responses will remain strictly anonymous. No information will be released that would allow identification of an individual respondent or a particular practice site. All information will be kept strictly confidential. The pooled answers will inform policy makers in the evaluation of primary health care with the aim of improving health services in Ontario.	Program Operating Costs (Includes Recruitment, Office Supplies, Postage and Courier, Print/Photocopying, Resource Material, Translation, Travel, etc)
			Administrative Operating Costs (Includes Legal and Audit, Computer, Meeting Expenses, Interest and Bank Charges, Data Management, Parking Expense, Social Fund Expense, etc)
			Building and Maintenance Expenses (Includes Acquisition of Furniture and Equipment, Answering Service, Equipment Rent/Repair/Maintenance, Computer, Insurance, Repair and Maintenance, Janitorial Expense, Refuse and Snow Removal, Security, Maintenance, Staff Room Expense, etc)
			Utilities (Includes Water, Electricity, Gas, Telephone, etc)
			Capital Costs. Expected depreciation of capital assets during one year (i.e. amount by which the current capital assets will be de-valued over a one year period)
			Miscellaneous Expenses
			TOTAL EXPENDITURES

3.3 RESSOURCES TECHNIQUES

Les ressources techniques de l'organisation sont documentées ici en termes de disponibilité et du nombre d'équipement médical (par exemple : salles d'examen, équipement diagnostique) et de technologies de l'information. Les renseignements liés à l'utilisation de ces ressources sont également inclus dans cette section.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources techniques / Équipement médical			
NATMEDCA - Practice Q.	S -Equipment, Q12	Does the practice have the following equipment on site? • ECG machine / • Equipment for intubation / • X-ray facilities / • Autoclave / • Baby Scale / • Liquid Nitrogen / • Defibrillator / • Cautery Machine / • Proctoscope	o Yes / o No
QUALICOPC	S- Equipment in the practice, Q27	Please tick the equipment used in your practice by yourself or your staff:	**Laboratory** o Hemoglobinometer **/** o Any blood glucose test set / o Any cholesterol meter **/**o Blood cell counter **Imaging** o Ophthalmoscope / o Proctoscope **/** o Otoscope / o Gastroscope **/** o Sigmoidoscope **/** o X **/**ray Ultrasound for abdomen / o Fetus **/** o Microscope **Functions** o Audiometer / o Bicycle ergometer / o Eye tonometer **/** o Peak flow meter / o Spirograph / o Electrocardiograph **/** o Blood pressure meter / o TENS (transcutaneous electrical nerve stimulation) / o Infusion set / o Doctor's bag for emergencies and home visits **Other** o Urine catheter **/** o Coagulometer **/** o Set for minor surgery / o Suture set **/** o Defibrillator / Resuscitation equipment **/** o Disposable syringes **/** o Disposable gloves **/** o Refrigerator for medicines
TransforMED - BPS	S - Practice Characteristics, Q45	If the lab is located within your practice, indicate the level of complexity:	o Walved / o Provider performed microscopy lab / o Moderate complexity / o High complexity lab / o No lab in practice
Ressources organisationnelles / Ressources techniques / Accès à Internet			
TransforMED - BPS	S -New Model Characteristics, Q86	What percentage of clinicians have access to the Internet in the office?	
TransforMED - BPS	S -New Model Characteristics, Q85	If your practice is connected to the Internet, what method does your practice use for this access?	o Dial-up (modem) / o High-Speed cable / o DSL / o T-1 line or better / o No internet / o Other (please specify) ____
TransforMED - BPS	S -New Model Characteristics, Q87	What percentage of non-clinicians have access to the Internet in the office?	

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Ressources organisationnelles / Ressources techniques / Dossiers médicaux informatisés (DMI) - Dossiers informatisés de santé (DIS)			
NAMCS - PIIF	S2 - Q21a	Does your practice use an electronic medical record (EMR) or electronic health record (EHR) system? (Do not include billing records systems.)	o Yes, all electronic / o Yes, part paper and part electronic / o No / o Unknown
NAMCS - PIIF	S2 - Q21b	Which year did your practice install the EMR/EHR system?	_____ Year
NAMCS - PIIF	S2 - Q22	At your practice, are there plans for installing a new EMR/EHR system within the next 18 month?	o Yes / o No / o Maybe / o Unknown
NAMCS - EMRS	Q17b	What is the name of your current EMR/EHR system? (Mark (X) only one box.)	o Allscripts / o Cerner / o CHARTCARE / o eClinicalWorks / o Epic / o eMDs / o GE/Centricity / o Greenway Medical / o MED3000 / o NextGen / o Sage / o SOAPware / o Practice Fusion / o Other_____ / o Unkown
TransforMED - BPS	S -New Model Characteristics, Q72	An electronic health record	o Currently use / o Considering using / o Previously used / o If currently utilizing an EHR, which one? _____
TransforMED - BPS	S -New Model Characteristics, Q73	If you do not use EHR in your practice, please explain why	
QUALICOPC	S - Medical record keeping, Q39	Which clinical classification system are you using for your medical records?	o ICPC / o ICD-9 / o ICD-10 / o Other / o Not applicable(I don't use a computer for my medical records)
ISPCD	Office systems and information technology - Q15	Do you use electronic patient medical records in your practice (not including billing systems)?	o Yes / o No
Ressources organisationnelles / Ressources techniques / Utilisation des outils informatisés - fonctionnalités			
BEACH - GP	Q11	To what extent do YOU use computer at work? (Circle all that apply.) What clinical software is used? (Please specify.)	o Not at all **/** o Prescribing **/** o Internet **/** o Email **Pathology** o Electronic ordering (online) **/** o Print/produce orders only **/** o Electronic results receipt **Medical records** o Complete (paperless) **/** o Partial/hybrid **/** o Paper only **/** o Imaging/other tests
NAMCS - PIIF	S2 - Q20	Does your practice submit claims electronically (electronic billing)?	o Yes, all electronic / o Yes, part paper and part electronic / o No / o Unknown
NAMCS - PIIF	S2 - Q24	At your practice, if orders for prescriptions or lab tests are submitted electronically, who submits them?	o Prescribing practitioner / o Other clinician (including Registered Nurse) / o Lab technician / o Administrative personnel / o Other / o Prescriptions and lab tests orders not submitted electronically / o Unknown
NAMCS - EMRS	Q16	Do you or your staff verify an individual patient's insurance eligibility electronically, with results returned immediatly?	o Yes, with a stand-alone practice management system / o Yes, with an EMR/EHR system / o Yes, using another electronic system / o No / o Unknown

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NAMCS - EMRS	Q19	Please Indicate whether the reporting location has each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does your practice have a computerized system for: a. Recording patient history and demographic information? a1. If yes, does this include a patient problem list? b. Recording clinical notes? b1. If yes, do they include a comprehensive list of the patient's medications and allergies? c. Ordering prescriptions? c1. If yes, are prescriptions sent electronically to the pharmacy? c2. If yes, are warnings of drug interactions or contraindications provided? d. Providing reminders for guideline-based interventions or screening tests? e. Ordering lab tests? e1. If yes, are orders sent electronically? f. Providing standard order sets related to a particular condition or procedure? g. Viewing lab results? g1. If yes, are results incorporated into EMR/EHR? h. Viewing imaging results? i. Viewing data on quality of care measures? j. Electronic reporting to immunization registries? k. Public health reporting? k1. If yes, are notifiable diseases sent electronically? l. Providing patients with clinical summaries for each visit? m. Exchanging secure messages with patients?	o Yes / o Yes, but turned off or not used / o No / o Unknown
NATMEDCA - Practice Q.	S - Information systems, Q22	Please indicate which of the following information systems are used by the practice? • Computerised age/sex register / • Computerised patient records / • Family-based records / • Computerised disease register / • Computer-based recall system(s)	o Yes / o No
TransforMED - BPS	S -New Model Characteristics, Q69	Please indicate below additional information about the technology use of your practice: • Electronic billing system / • Electronic medical records / • Computer-based physician order-entry / • PDAs (Personal Digital Assistant) / • Online literature searching (Medline, Ovid, Medscape, etc.) / • Internet-based knowledge base (WebMD, Mayo Clinic, etc.) If yes, has your practice changed these in the past year?	o Yes / o No
TransforMED - BPS	S -New Model Characteristics, Q76	Electronic prescribing	o Currently use / o Considering using / o Previously used / o If an Electronic prescribing is utilized, which one? _____
TransforMED - BPS	S -New Model Characteristics, Q80	Use of clinical practice guidelines and decision support software	o Currently use / o Considering using / o Previously used

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - BPS	S -New Model Characteristics, Q83	What functions do computers serve for your practice? (Fill all that apply.)	o Patient scheduling / o Patient communication / o Financial data management / o Website marketing / o Patient clinical management / o General clinical information retrieval from web sources (e.g. Evidence based guidelines) / o E-mail
TransforMED - PCMHC	S - Health Information Technology, Q9	Are you taking advantage of these e-prescribing technologies:	o Medication interaction checking / o Allergy checking / o Dosing alerts by age, weight, or kidney function / o Formulary information
TransforMED - MHVSA	S - Information Systems, Q10	Does your practice include at least 4 of the following technology components: • Electronic Health Record System / • e-Prescriptions / • e-Appointment scheduling / • Disease/population management software (either part of the EHR or separate system) / •Evidence-based decision support / • Web-based information sharing with patients (patient portal) / • e-Visits	o Yes / o No
ISPCD	Office systems and information technology - Q16-17	Do you use any of the following technologies in your practice? • Electronic ordering of laboratory tests / • Electronic access to your patients' laboratory test results / • Electronic alerts or prompts about a potential problem with drug dose or drug interaction / • Electronic entry of clinical notes, including medical history and follow up notes / • Electronic prescribing of medication	o Yes, routinely / o Yes, occasionally / o No
		IF YES TO Q16e. : Are you able to electronically transfer prescriptions to a pharmacy?	o Yes / o No
TransforMED - BPS	S -New Model Characteristics, Q84	Does your practice currently have adequate computer support?	o Yes / o No
QUALICOPC	S - Computerised medical record keeping, Q42	For which of the following purposes do you use a computer in your practice?	o Not applicable (I don't use a computer) / o Making appointments / o Writing bills / o Writing medicine prescriptions/ Keeping records of consultations / o Sending referral letters to medical specialists / o Searching medical information on the internet / o Sending prescriptions to the pharmacy
PCPSS	Q14ab	a. During a typical day in clinic, how often do clinicians use a computer to look up information about the patients they are seeing? Patient medication lists / • Patient problem lists / • Laboratory results / • Abnormal laboratory result alerts / • Radiology report / • Radiology image / • Office visits notes from clinicians at the practice site / • Consultation notes from outside specialists / • Hospital discharge summaries / • Emergency department discharge summaries / • Electronic medication prescribing / • Medication interaction or contraindication alerts / • Patient-specific formulary information while writing prescriptions / • Prescriptions sent electronically / • Electronic laboratory test ordering / • Electronic radiology test ordering / • Alerts of ordered tests are not performed / • Electronic referrals to specialists / • Alerts if no note from specialist referral / • Secure electronic messaging to and from patients	o Never / o Rarely / o Sometimes / o Usually / o Always
		b. If they do, on the computer, are the following elements present?	o Yes / o No / Don't know
NSPOII	SB, Q29	Do the majority of your physicians have the ability to transmit prescriptions via computer or personal digital assistant (PDA) to pharmacies?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NSPOII	SB, Q1-14	Does your IPA make available an electronic medical record that includes any of these components… 1. Ambulatory care progress notes? 2. Are the majority of your physicians using the electronic record for progress notes? 3. The patient's problem list? 4. Are the majority of your physicians using the electronic record for the patient's problem list? 5. The patient's allergies? 6. Are the majority of your physicians using the electronic record for the patient's allergies? 7. The patient's medications? 8. Are the majority of your physicians using the electronic record for the patient's medications? 9. Automatic alerts of potential drug interactions? 10. Are the majority of your physicians using the electronic record for potential drug interactions? 11. Decision support in the form of prompts or reminders at the time the physician is seeing the patient? 12. Are the majority of your physicians using the electronic record for prompts and reminders? 13. Alerts about important abnormal test results at the time they are received? 14. Are the majority of your physicians using for alerts on abnormal test results?	o Yes / o No
CPCQ	S - Practice Profile, Q8	Please indicate if you use a computerized system at this practice site for any of the following. *(Please check all that apply.)*	o Scheduling appointments / o Billing / o Patient Follow-up or recall / o Medical Record / o Referral and counter-referral with specialists / o Other (please specify) _____
NSPOII	SB, Q17-28	Do the majority of physicians in your IPA have electronic access… 17. To clinical information on the patient's emergency room visits? 18. And, is this accessible within an individual patient's electronic record? 19. How about electronic access to hospital discharge summaries? 20. And, is this accessible within an individual patient's electronic record? 21. How about electronic access to laboratory results? 22. And, is this accessible within an individual patient's electronic record? 23. How about electronic access to radiology results? 24. And, is this accessible within an individual patient's electronic record? 25. How about electronic access to outpatient reports from specialist physicians? 26. And, is this accessible within an individual patient's electronic record? 27. Finally, how about electronic access to a record of prescriptions filled by your patients? 28. And, is this accessible within an individual patient's electronic record?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NPS2010	SI, Q28c	Please indicate which of the following you use, or plan to use, in the care of your patients. (*Check ALL that apply.*) • Electronic patient appointment/ scheduling system / • Electronic billing / • Electronic records to enter and retrieve clinical patient notes / • Electronic reminders for recommended patient care / • Electronic warning for adverse prescribing and/or drug interactions / • Electronic interface to external pharmacy/pharmacist / • Electronic interface to external laboratory/diagnostic imaging / • Electronic interface to other external systems (e.g., hospitals, other clinics) for accessing or sharing patient information / • Telemedicine /webcasting /videoconferencing / • Online access to journals, clinical practice guidelines, medical databases (e.g., MEDLINE) / • Email / • Online CME / • Online discussion forums with other physicians for professional purposes / • Online disease management tools	o Use it on a PC/laptop / o Use it on a small handheld wireless device / o Plan to start using on a PC/laptop or wireless device in next 2 years / o I do not use or plan to use any of the above
COMP-PC	S1, Q6	Has your practice site implemented, to any extent, any of the following information technologies: (*Please check one in each item.*) • Access to the Internet • E-Mail • Electronic patient health records • Electronic patient appointment/ scheduling system • Electronic billing • Electronic reminder systems for recommended patient care (e.g. screening) • Electronic interface to external pharmacies/pharmacists • Electronic interface to external laboratory/diagnostic imaging	o Yes / o No / o Not Sure/ Don't Know
IMEPHC	S6, Q1	• Electronic warning system for adverse prescribing and/or drug interactions • Electronic decision aids • Telemedicine/webcasting/ videoconferencing (*IMEPHC only*) • A practice website • Online access to journals, clinical practice guidelines or medical databases • Remote access to patient records (from off-site). • Other (Please specify_____	
IMEPHC	S6, Q2	Please indicate which type of information systems/software you have within your organization, how well it meets your needs, how much it is used within your organization, and the name(s) of the software you use. Types of Information Systems/Software: • Accounting related systems/software • Claims/Billing Information Systems/Software	Have Software? o Yes / o No / o Don't know

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		• Human Resources Systems/Software (e.g., Peoplesoft) • Word Processing Software (e.g., Word) • Spread Sheet Software (e.g., Excel) • Provider, Location and Client Registry System/Software • Patient Management Information Systems/Software (e.g. reminder system) • Patient Scheduling Information Systems/Software • Diagnostic Imaging Systems/Software • Laboratory Reporting Systems/Software • Drug Information Systems/Software • Public Health Surveillance System/Software (e.g., Internet Public Health Information Systems [IPHIS])	How well it meets needs o Very well / o Well / o Poorly / o Very poorly
		• Clinical Audit Systems/Software (e.g., practitioner outcomes compared to benchmarks) • Data Base Development and Management Software (e.g., Access) • Presentation Software (e.g. Powerpoint) • File Management Software (e.g. Lotus Notes) • Electronic Patient Record Systems/Software • Electronic Decision Aids Systems/Software (e.g. AsthmaCritic) • Statistical Analytical Software (e.g. SPSS) • Other, Specify:	How much it is used o Very much / o Much / o Little / o Very little
Evolution	SA, Q10	In your clinic, do you use… • Computer software to manage appointments? • Internet access (web) for physician? • Access to the health and social services telecommunications network (RTSS)? • Electronic medical records? • Web-based appointment system for patients? • Electronic interface to diagnostic imaging laboratory services? • Electronic system to transmit prescriptions to pharmacies? • Computerized tools to aid medical decision-making (Computerized alerts and recalls)? • Computerized tools for continuing professional education? • Practice clinical guidelines integrated with electronic medical records? • Other (Specify: _____	o Yes / o No
PCOS-NS	S7, Q20	• Does your primary health care organization use an electronic patient records? • If yes, do you ever examine the data to assess quality of care issues (e.g. influenzaimmunization rates in the elderly, etc.)?	o Yes / o No
		• If yes, please briefly describe a few examples of issues you have examined.	
PCOS-NS	S7, Q21	• Does your primary health care organization use an electronic prescribing/ drug ordering system? • If yes, does the system perform patient-specific medication alerts? (Please circle one answer.)	o Yes / o No
TransforMED - BPS	S -New Model Characteristics, Q88	Please describe the billing process of your office:	o We use software to do our own billing / o We do our own manual billing / o We contract out for billing / o If you use software to do your own billing, which one?

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - PEC	S - Online Platform, Q81-83	81. The use of electronic medical records during patient visits interferes with the doctor-patient relationship. 82. The practice can easily identify patients with a particular disease or medication. 83. Everyone in this practice has access to the information they need for patient care and their work when they need it.	Please indicate how strongly you agree or disagree with each statement. o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree
TransforMED - PCMHC	S - Health Information Technology, Q11	Does your practice use a registry to facilitate:	o Population health management / o Individual health management / o Proactive care / o Planned care visits
TransforMED - PCMHC	S - Health Information Technology, Q12	Do you have the access you need to these clinical decision support tools?	o Point-of-care answers to clinical questions / o Medication information / o Clinical practice guidelines
TransforMED - PCMHC	S - Health Information Technology, Q10	Do you have these evidence-based medicine supports in place:	o Templates to guide evidenced-based treatment recommendations o Condition-specific templates to collect clinical data o Alerts when parameters are out of goal range o Home monitoring
NSPOII	SB, Q15	Does your Independent Practice Association (IPA) access these electronic records to collect data for quality measures?	o Yes / o No
Ressources organisationnelles / Ressources techniques / Communications électroniques avec les patients			
TransforMED - BPS	S -New Model Characteristics, Q71	Web-based scheduling in which patients make an appointment without talking to the receptionist:	o Currently use / o Considering using / o Previously used
TransforMED - BPS	S -New Model Characteristics, Q75	Electronic visits (use of e-mail or internet to communicate with patients.):	o Currently use / o Considering using / o Previously used
TransforMED - BPS	S -New Model Characteristics, Q78	Web-based information sharing with patients:	o Currently use / o Considering using / o Previously used
NSPOII	SB, Q16	Can a majority of your patients access any part of their electronic medical record online?	o Yes / o No
NSPOII	SB, Q30	Would you say the majority of your physicians communicate with patients via e-mail....	o On a daily basis / o Occasionally / o Never
NPS2010	SI, Q26a	Do you have a practice Web site? If yes, can patients contact your office to request an appointment through your website?	o Yes / o No
NPS2010	SI, Q26b	Do you refer your patients to any websites?	o Yes / o No
		If yes, please specify for what purpose. (*Check all that apply.*)	o Disease information / o Treatment information / o Patient support / o Other, please specify:

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NPS2010	SI, Q26c	Do you use email IN ANY SETTING to communicate with:	o Your colleagues: o For clinical purposes / o For other purposes o Your patients: o For clinical purposes / o For other purposes o Others o Not applicable - I do not use email
ISPCD	Office systems and information technology - Q18	How often does your practice communicate with patients by email for clinical or administrative purposes?	o Yes / o No
Ressources organisationnelles / Ressources techniques / Communication électronique avec d'autres organisations			
PCOS-NS	S7, Q22	Do you have two-way electronic links (or share an electronic record) with the following components of the health care system and, if so, in your view how well do these links function? • Do you have electronic links? o Yes / o No / o Don't Know • If yes: How well do the electronic links function? o Very Well / o Well / o Poorly / o Very poorly	Types of Organizations • Hospitals / • Hospital Emergency Departments / • Primary Care Physicians in solo practice / • Other primary health care organizations / • Physician specialists / • Tele-Triage / • Public Health / • Laboratory/Diagnostic / • Imaging Services / • Ambulance Services / • Pharmacies / • Home Care / • Long Term Care Facilities / • Community Mental Health / • Health Insurance Companies (e.g., Blue Cross) / • Other, Specify:
PCOS-NS	S7, Q23	For each type of organization listed in the far right column, please indicate the methods that your primary health care organization uses for communication with these components of the health system. • Telephone / • Teleconference / • Video conferencing / • Email (computer to computer messaging) / • Fax / • Regular mail / • Internet chat sites / • Web-casting / • Interactive Websites / • Other, Specify	

4.   STRUCTURES ORGANISATIONNELLES

4.1   GOUVERNANCE ET STRUCTURE ADMINISTRATIVE

Tous les enjeux liés à la gestion sont regroupés ici. La propriété, la structure organisationnelle verticale et horizontale, les processus de prise de décisions, les politiques administratives et les éléments concernant la structure opérationnelle de la clinique (par exemple le système de prise de rendez-vous) se retrouvent donc dans cette catégorie. Les aspects relatifs au leadership, à l'intégration dans la communauté, et plus particulièrement l'implication du patient et des membres de la communauté dans la planification stratégique des soins de santé, de même que les autorités organisationnelles, régionales et locales en matière de santé figurent également dans la catégorie de la gouvernance.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Gouvernance et structure administrative / Propriété			
NAMCS - PIIF	S2 - Q18e	Are you a full- or part-owner, employee, or an independent contractor?	o Owner / o Employee / o Contractor
NAMCS - PIIF	S2 - Q18f	Who owns the practice?	o Physician or physician group / o Health Maintenance Organization / o Community Health Center / o Medical / Academic health center / o Other hospital / o Other health care corp / o Other
TransforMED - BPS	S - Practice Information, Q49	Who is the majority owner of your practice? *(Check all that apply.)*	o Physician owned / o Medical group practice (single- or multi-specialty) / o Hospital or health system / o University / o Managed care organization or Insurance company / o Federal, state or local government, community board, etc. / o Other non profit / o Other (please specify) _____
TransforMED - FS	Q26	Which of the following describes the current ownership of your practice?	o Physician owned; sole proprietor / o Physician owned; medical group / o Hospital owned / o Other (If "Other", please describe)_____
NSPOII - IPA	SA,Q1a	Do you own or manage a medical group?	o Yes / o No
NSPOII	SA, Q12	Who is the primary owner of your IPA? *(Please choose ONE of the following.)*	o Physicians in your IPA / o Non-physician managers in your IPA / o Hospital, hospital system or health care system / o HMO or other insurance entity / o Jointly owned (Specify) _____
Structures organisationnelles / Gouvernance et structure administrative / Type de clinique			
NAMCS - PIIF	S2 - Q18a	Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?	o Solo / o Nonsolo
NAMCS - PIIF	S2 - Q18b	How many physicians are associated with you?	
NAMCS - PIIF	S2 - Q18c	Is this a single- or multi-specialty practice?	o Multi / o Single
TransforMED - BPS	S - Practice Demographics, Q5	Is your practice a Federally Qualified Community Health Center?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NAMCS - CHCII	Q8	How would you classify this center? *(Mark (x) ALL that apply.)*	o Federally-funded Community Health Center / o Community Health Center / o Migrant Health Center / o Health Care for the Homeless / o Public Housing Primary Care (PHPC grant program / o Federally Qualified Health Center, but not federally funded / o Urban Indian Health Center o None of the above
TransforMED - BPS	S - Practice Information, Q47	What is the legal structure of the practice?	o S Corporation / o C Corporation / o Partner Owned / o Sole Proprietor / o Other (please specify)_____
NSPOII	SA,Q1	Are you an Independent Practice Association, that is, an IPA?	o Yes / o No
NPS2010	SB, Q10b	Are you incorporated: - individually? - as a group?	o Yes / o No
COMP-PC	S1, Q2	Please verify that this practice is a…	o Fee-For-Service (FFS) / o Health Service Organization (HSO) / o Family Health Network (FHN)
PCOS-NS	S1, Q7	Recent work in Canada has identified four main categories of primary health care organization models. These models are described below. Please place a check mark by the model that best describes your primary health care organization. If your organizational model is a mix of two or more of the models listed below, please describe your model in the bottom row of the table.	Model That Best Reflects Our Organization: o Professional Contract Model[a] o Professional Coordination Model[b] o Integrated Community Model[c] o Non-Integrated Community Model[d] o Mixed Model or Other / *Please describe what mix of the four models described above best reflects your organization or another model that better reflects your organization:_____*
IMEPHC	S1,Q3	Please identify the governance structure of this practice:	o Community governed / o Physician governed / o Other _____

[a] This is a model in which care is provided primarily in a physician's office by a family physician in solo or group practice. It is staffed primarily by physicians and generally reimbursement is on a fee-for-service basis. Information systems are for internal use. There are no formal mechanisms to ensure the continuity of care except loyalty to the physician and there are no formal mechanisms to ensure integration with other parts of the health care system, other than physician affiliations with other resources of care (e.g., referrals to specialists).

[b] Organizations provide continuous service over time to a defined group of patients/population. Funding is based on a per capita, sessional fee, fee-forservice or other model(s), or a mix of models. There are non-physicians such as nurses on the care team and a physician or nurse is designated to provide followup and continuity of care for the patient. There will generally be a nurse who provides liaison with other parts of the health care system and coordinates the clinical integration of services.

[c] The focus of this model is to promote the integration of primary health care into the other parts of the health care system. There is generally a range of providers operating in a community health centre format. Information technology serves the organization and is linked to other, external service providers serving the population. Care responsibility is longitudinal (long term) and is provided by a multi-disciplinary care team. There is active cooperation and coordination with other primary health care providers and with providers of complementary services such as hospitals to guarantee the availability of a range of services.

[d] This model is similar to the integrated model in its structure but is differentiated by a lack of specific integration mechanisms. For example, information systems do not link to other parts of the health care system. Services are not provided on a 24/7 basis and there are generally no, or few, mechanisms to ensure the longitudinal continuity of care services to individuals.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - BPS	S - Practice Demographics, Q3	Please choose one of the following below that best describes your practice size (Clinician refers to physicians, nurse practitioners, physician assistants, or other revenue generating physicians)	o Solo / o 2-clinician practice / o Medium Family Medicine Group (3-5 clinicians same specialty practice) / o Large Family Medicine Group (6 or more same specialty clinicians) / o Multi-specialty Group / o Faculty/resident practice / o Other (please specify) _____
NPS2010	SB, Q10a	Please indicate how your MAIN patient care setting is organized. *(Please check only one.)* Note that a solo or group practice could also include a nurse who does not have her/his own caseload.	o Solo practice o Group practice - association (i.e., fee/cost-sharing relationship) o Group practice - partnership (i.e., fee/cost-sharing; income sharing and financial/medical liability sharing) o Interprofessional practice (physician(s) and other health professional(s) who have their own caseloads) o Other, please specify:
NPS2010	SB, Q4a	The following is a list of work settings. Check the category(ies) which best describe(s) the setting(s) where you work. *(Please check ALL that apply.)*	o Private office/clinic (excluding free standing walk-in clinics) / o Community clinic/Community health centre / o Free-standing walk-in clinic / o Academic health sciences centre (AHSC) / o Non-AHSC teaching hospital / o Community hospital / o Other hospital / o Emergency department (in community hospital or AHSC) / o Nursing home/Home for the aged / o University / o Research Unit / o Free-standing lab/diagnostic clinic / o Administrative office / Corporate office / o Other:
IMEPHC	S4, Q1		
CPCQ	S - Practice Profile, Q2	Please check the category(ies) which best describe(s) this practice setting(s). *(Please check ONE only.)*	o Private office / clinic (excluding free standing walk-in clinics) o Free-standing walk-in clinic o Academic family medicine teaching unit o Community clinic / Community health centre / Centre local de services communautaires o Other (please specify): _____
ISPCD	Practice Profile and Demographic Data - Q40	What is the primary setting of your practice site? *(Select one.)*	**For physicians in the United States:** o A private solo or physician group practice o Community clinic or community health center (serving low income areas) o Ambulatory center or clinic affiliated with hospital o On site at hospital, medical-center o Walk-in care center – sometimes called retail clinic o Other _____ **For physicians in Canada:** o A fee-for-service solo practice o A fee-for-service group practice o A family medicine group that receives complementary public funding o A local community health centre o A hospital other than emergency department or FMG co-located with a university hospital o Emergency department

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
			o A walk-in clinic o Other _____
CPCQ	S - Practice Profile, Q3	Please indicate how this practice setting is organized. *(Please check ONE only.)*	o Solo practice / o Family physician group practice / o Family physician / specialist group practice For group practice please indicate what is shared. *Please check all that apply*. o Office space / o Staff / o Expenses / o Patient records / o On-call duties / o Office hours / o Intrapartum care / o Rounds for hospitalized regular patients / o Other (please specify): _____
COMP-PC	S1, Q10	Do physicians in your practice site share any of the following with other physicians in your practice site? *(Please check one in each of the following items.)* • Office space / • Patient records / • On-call duties / • Receptionist(s) / • Nurse(s) / • Information technology tools / • OHIP billing submissions / • Other (please specify) ____	o Yes / o No / o Not Sure/ Don't Know
Evolution	SA, Q5	Do any general practitioners at your clinic share… • Rooms (offices, examination rooms, waiting room)? / • Operating costs for the clinic? / • Support staff (secretary and receptionist)? / • An appointment management system? / • Medical record system? / • Pooled income?	o Yes / o No / o Doesn't apply because only 1 doctor in the clinic
Structures organisationnelles / Gouvernance et structure administrative / Planification financière			
TransforMED - BPS	S - Patient Demographics, Q17	Is there a specific managed care plan that controls over 50% of your practice's total business?	o Yes / o No
TransforMED - PCMHC	S - Practice Organization, Q14	Rigorous financial management is essential. Are you:	o Budgeting for forecasting and management decisions / o Contracting with health plans from a selective and informed position / o Managing the practice's cash flow / o Staying on top of accounts receivable
TransforMED - MHVSA	S - Practice Management, Q8	Does your practice receive and review monthly reports on the financial status of the practice?	o Yes / o No
TransforMED - FS	Q10	Which of the following financial statements and reports are available and reviewed by management at the practice level on a monthly basis? *(Check all that apply.)*	a. Income Statement. b. Balance Sheet. c. Cash Flow Statement. d. Patient volume by clinician. e. Net revenue per patient, per clinician. f. Accounts Receivable Aging Report. g. Other clinician productivity reports. If choice "g" was selected, please describe. _____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Gouvernance et structure administrative / Planification stratégique			
NATMEDCA - Practice Q.	S - Access, Q6a,b	Does the practice # local GP organisation undertake any of the following? a) Formal community needs assessment b. Locality service planning	o Yes / o No
Evolution	SA, Q4.f	At your clinic, is there anyone who represents the clinic on committees? *(Circle only one answer.)*	o No / o Yes – A physician-in-charge or designates physician / o Yes – The group physicians collectively / o Yes – Administrator/manager / o Doesn't apply because only 1 doctor in the clinic
PCOS-NS	S2,Q10	• Does your primary health care organization involve community members in planning the services provided by the organization? If Yes: In what ways are community members involved?	o Yes / o No
TransforMED - BPS	S - Practice Information, Q59	How often does this practice hold meetings to discuss business issues?	o More than once a week / o Weekly / o Monthly / o Quarterly / o Annually / o Never / o Other (please specify)
TransforMED - FS	Q13	Please select all planning tools that are used in your practice.	o Strategic Plan with mission and vision statements. o Annual Business Plan with monthly budget. o Formal cost/benefit analysis for any major additions including staffing, equipment and ancillary services. o Other - Please specify "Other". _____
TransforMED - BPS	S - Practice Characteristics, Q40	Please describe any practice management software utilized by your practice	
TransforMED - PCMHC	S - Practice Organization, Q16	Does the practice rely on data to drive decisions to:	o Continuously improve quality and efficiency o Monitor supply and demand o Ensure adequate and fair distribution of work
TransforMED - MHVSA	S - Practice Management, Q9	Has a strategic vision and direction been developed and reviewed by the practice leadership and shared with the staff?	o Yes / o No
COMP-PC	S2,Q6	Does your practice site use the following types of data to determine what programs/services are needed by the communities you serve? *(Please check one in each item.)* • Mortality data / • Public health communicable disease data (e.g., STDs, TB) / • Community immunization rates / • Public health data on health or occupational hazards / • Clinical data from your practice / • Other (please specify)_____	o Definitely (Always) / o Probably (Usually) / o Probably not (Rarely) / o Definitely not (Never) / o Not sure, Don't Know "
PCOS-NS	S2,Q8	Does your primary health care organization use information about the population you serve to guide decisions about the type of programs and services to offer? **If Yes:** (i) What kind of information do you use? (ii) What is the source of this information? (iii) Please provide examples of programs or services that were offered based on the above information.	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
COMP-PC	S2,Q7	Does your practice site use the following methods to monitor and/or evaluate the effectiveness of services/programs if offers? *(Please check one in each item.)* • Surveys of the practice patients / • Community surveys / • Feedback from community organizations or community advisory boards / • Feedback from the practice staff / • Analysis of local data or vital statistics / • Systematic evaluations of the practice programs and services provided / • Community health workers / • Have a patient on the Board of directors or advisory committee / • Other (please specify) _____	o Definitely (Always) / o Probably (Usually) / o Probably not (Rarely) / o Definitely not (Never) / o Not sure, Don't Know
CPCQ	S - Practice Profile, Q7	Please indicate how the management of the clinic is organized. *(Please check all that apply.)*	o A designated physician manages the clinic. o Regular meetings with all the physicians to make decisions about service delivery (e.g., opening hours, purchase of supplies) o Regular meetings with all the physicians to make decisions about how care is organized (e.g. recall systems for patients, use of flow sheets) o Continuing medical education for the group. o Evaluation and medical audit activities for and by the group. o Designated physician to communicate with support personnel. o Designated physician to make links with the community and other regional medical organizations.
Evolution	SA, Q4.c	At your clinic, is there anyone who looks after recruitment of physicians and assigns practice privileges? *(Circle only one answer.)*	o No / o Yes – A physician-in-charge or designates physician / o Yes – The group physicians collectively / o Yes – Administrator/manager / o Doesn't apply because only 1 doctor in the clinic
TransforMED - BPS	S - Practice Information, Q61	Does the practice have regular meetings for… *(Choose all that apply.)*	o Clinicians / o Staff / o Clinicians and staff together / o Other affiliated practices
IMEPHC	S4, Q6	Chart Organization- Please indicate with a check mark whether these are present: • Is there a medication list in the patient's records? • Is the chart organized by provider? • Is the chart organized by thematic area? (e.g. asthma, mental health.) *Note only the presence of this list and not, whether it is updated regularly or not. The list may take the form of a central list or as part of an annual assessment. This may be a stand alone sheet or it may be part of the annual assessment where the provider lists all medication	o Yes / o No "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Gouvernance et structure administrative / Politiques et procédures administratives			
TransforMED - FS	Q14	Does your practice have internal control policies and procedures in place to detect the possibility of embezzlement?	o Yes / o No
IMEPHC	S5, Q1	Please indicate whether your organization has a WRITTEN policy and/or policy related materials, on the following topics. • Human resources management / • Staff training / • Job descriptions / • Performance appraisals / • Feedback on staff performance / • Staff development / • Recognition of merit/excellence / • Service delivery / • Medical errors / • Referral/liaison/follow-up care with other health care services (e.g. hospital, pharmacy, home care) / • Knowledge development / • Continuous quality improvement / • Conduct of patient/client satisfaction surveys	o Yes, written / o No "
PCOS-NS	S6, Q19	Policy refers to some form of administrative statement, direction or rule. Procedures refer to how these statements, directions or rules are to be carried out. Please indicate if your primary health care organization has policies and/or procedures on any of the following issues: • Risk management / • Patient safety / • Medication errors / • Recording of current medication and problem list in all patients' files. **(i)** Does your organization have a policy and/or procedures on this topic area? **(ii)** If you have a policy and/or procedures, how clearly articulated are they? **(iii)** If you have a policy and/or procedures, to what degree do members of your organization adhere to the policy or procedures?	**(i)** o Yes, written / o Yes, unwritten /o No **(ii)** o Very clear / o Clear / o Unclear **(iii)** o Very high adherence / o Moderate adherence / o Low adherence "
TransforMED - PEC	S - Leadership Q34-37	**34**. The leadership in this practice is available for consultation on problems. **35.** The practice leadership makes sure that people in this practice have time and space necessary to discuss changes to improve care. **36**. Practice leadership promotes an environment that is an enjoyable place to work. **37**. Leadership in this practice creates an environment where things can be accomplished.	*Please indicate how strongly you agree or disagree with each statement.* o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
PCOS-NS	S3,Q12	What accountability mechanisms are used by your primary health care organization? *(Please check all that apply).*	o Job descriptions for all clinical and administrative people associated with the primary care organization / o Collaborative practice agreement / o Practice plan / o Shared care arrangement / o Terms of reference / o Other - please specify:
Structures organisationnelles / Gouvernance et structure administrative / Développement professionnel			
TransforMED - BPS	S - Practice Demographics, Q6	Is your practice a Residency Training Practice? If no, do you regularly have residents in your practice for training? _____	o Yes / o No
TransforMED - BPS	S - Practice Demographics, Q7	Do you precept medical students in the practice?	o Yes / o No
BEACH - GP	Q20	Is your major practice site a teaching practice? *(Circle all that apply.)*	o For undergraduates / o For junior doctors / o For GP registrars / o No
PPQCS	Q23	In a typical week, do medical residents or clinical fellows provide care to patients at your practice site?	o Yes / o No
PPQCS	Q24	In a typical month, do medical students rotate through your practice site?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IDCP2D - TIS	S - Practice Demographics, Q3	Is it a Training practice?	o Yes / o No

4.2 MÉCANISMES DE FINANCEMENT

Dans cette catégorie se retrouve la description des méthodes utilisées pour répartir les ressources entre les intervenants, de façon à répondre aux exigences et aux objectifs gouvernementaux. On y retrouve également l'information relative à la rémunération (salaires, honoraires, capitation, contrats, etc.), aux mesures incitatives, aux subventions et aux autres modalités.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Mécanismes de financement / Source de revenus			
NAMCS - PIIF	S2 - Q26a	Roughly, what percent of your patient care revenue comes from – • Medicare? / • Medicaid? / • Private insurance? / • Patient payment? / • Other? – (Including charity, research, CHAMPUS, VA, etc)	Percent of patient care revenue_____% "
NAMCS - PIIF	S2 - Q27	Roughly, what percent of your patient care revenue comes from each of the following methods of payment? • Usual, custumary and reasonable fee-for-service? / • Discounted fee for service? / • Capitation? / • Case rates (e.g., package pricing/episode of care)? / • Other?	Percent of patient care revenue_____% "
NAMCS - PIIF	S2 - Q28b	From those "new" patients, which of the following types of payment do you accept? • Private insurance – Capitated? or Non-capitated? • Medicare? / • Medicaid? / • Workers compensation? / • Self-pay? / • No charge?	o Yes / o No / o Don't know "
NAMCS - CHCII	Q10	What percent of your CHC's revenue comes from the following sources? • 330 Grant / • Title V grant or contract / • Other Federal Grant / • State/Local Grant / • Individual, corporation or foundation grants or donations / • Medicare/Medicaid / • Patient fees / • Other	Percentage:_____% "
TransforMED - BPS	S - Patient Demographics, Q16	Please indicate the percent of your patients that fall into each payment method category. *(Must total 100%.)* • Private health insurance (capitated) / • Private health insurance (fee for service) / • Medicare / • Medicaid / other government assistance / • Uninsured / • Other	
TransforMED - BPS	S - Practice Information, Q62	Does the practice charge a retainer fee for services to patients?	o Yes / o No
PPQCS	Q29	At your practice site, approximately what percentage of patient visits is covered by each of the following payers? • Commercial health plans / • Medicare / • MassHealth or Commonwealth Care / • Uncompensated Care Pool ("Free Care") / • Other / self pay	_____% or o Don't know
ISPCD	Practice Profile and Demographic Data - Q39	About what percentage of your patients are in each of the following categories? *(Total can add to more than 100%.)*	___ % Medicare / • ___ % Medicaid or low income program for children or adults / • ___ % Private or other insurance / •___ % Uninsured
PCPSS	Q29	Approximately what percentage of patient visits at your practice site is covered by each of the following payers? • Commercial health plan / • Medicare / • Medicaid / • Other / Self pay	_____% or o Don't know
PCPSS	Q30	During the 2010 fiscal year, approximately what percentage of your practice site's revenues from patient care was obtained under capitation arrangements?	_____% or o Don't know
COMP-PC	S3, Q2	Please indicate whether the practice site received revenues from any of the	o Yes / o No / o Not Sure/ Don't Know

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		following sources during the past 12 months. a. Program funding from Provincial/ Federal Government Departments b. City/Municipality/Local Government Agencies c. United Way d. Foundations and Corporate Gifts e. Parking Revenue f. Direct charges to patients f1. Prescription renewal f2. Block fees (annual fee for non-insured services) f3. Sick forms (i.e. off-work) g. Other, please specify_____	"
Evolution	SA, Q9	Does the funding for your clinic's operating costs come from… • Fees charged to physicians or contributions by physicians? / • Private enterprise (companies, pharmacies, donations, foundation, etc.)? / • Fees charged to patient (e.g. fees to open or manage files)? / • An institutional operating budget (CLSC, hospital)? / • Infrastructure operating grant (Family Medicine Group (FMG), Network-Clinic)?	o Yes / o No "
IMEPHC	S10, Q5	Please indicate whether the practice site received revenues from any of the following sources during the past 12 months. • Direct charges to patients / • Prescription renewal / • Block fees (annual fee for non-insured services) / • Sick forms (i.e. off-work)	o Yes / o No / o Not sure/Don't know "
Structures organisationnelles / Mécanismes de financement / Type de rémunération			
NATMEDCA - PQ	Q10	What are your employment arrangements during regular day-time for your standard office hours?	o Self-employed o Salaried
NATMEDCA - PQ	Q12	What are your after-hours employment arrangements?	o Self-employed o Salaried o Not applicable
COMP-PC	S3, Q1	How are physicians paid at your site? *(Please check one.)* If you check b. Check box in 1a if the formula involves the following method of payment:	o a. Individual physicians keep their individual billings and share expenses. o b. Physicians pool their revenue and expenses and net income is distributed according to a formula. o 1a.Total Pooled Practice Site Income /Total Number of Physicians o 1b. If the formula in 1a is not applied at your site, please use the space below to describe how net revenue is distributed among physicians (e.g., does it involve physician seniority, ownership of building, etc?)
Evolution	SA, Q2	What is their main mode of remuneration for activities conducted at your clinic? *(Choose one answer only.)*	o Fee for service / o Sessional fees (vacation) / o Fixed honorarium / o Various modes of payment
TransforMED - BPS	S - Practice Information, Q55	How are clinicians compensated in your practice?	o Salary / o Salary, plus incentives / o Production driven salary / o Other _____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IMEPHC	S10, Q4	Do physicians (at least some) in your practice receive the following benefits as part of their employment contract? (*Please check one in each item*.) • Maternal/Paternal leave top up / • (supplement to employment insurance) / • On-call stipends / • Travel allowance for continuing education / • Pension or equivalent retirement savings plan / • Life/Disability Insurance / • Extended Health and Dental Benefits / • Professional Fees (CPSO or OMA or CMPA or OCFP) / • Professional Development Provisions / • Professional insurance / • Other Benefits (please specify) __	o Yes / o No / o Not sure/Don't know "
Structures organisationnelles / Mécanismes de financement / Mesures incitatives			
PCPSS	Q34	What other aspects of care determined the payment of bonuses or withholds in 2010?	_____ / or o None
NSPOII	SE, Q4	During the past year, did your Independent Practice Association (IPA) or the individual physicians in the IPA receive any additional income based on measurement of performance on patient satisfaction?	o Yes / o No
NSPOII	SE, Q5	During the past year, did your IPA or the individual physicians in the IPA receive any additional income from health plans based on measures of clinical quality such as Healthcare Effectiveness Data and Information Set (HEDIS)?	o Yes / o No
NSPOII	SE, Q6	During the past year, did your IPA or the individual physicians in the IPA receive any additional income from health plans based on measurements of your performance of adoption or use of information technology?	o Yes / o No
NSPOII	SE, Q7	Approximately what percent of your IPA's annual revenue did these additional payments for patient satisfaction, clinical quality and information technology constitute?	_____%
NSPOII	SE, Q8	How strong an incentive is this amount to influence behavior?	o Very Strong / o Strong / o Weak / o Not at all
NSPOII	SE, Q10	During the past year, did your IPA or the individual physicians in the IPA receive additional income from health plans based on efficient utilization of resources?	o Yes / o No
NSPOII	SE, Q11	What percent of your IPA's annual revenue did these additional payments for efficient utilization of resources constitute?	_____%
ISPCD	Measuring Practice Improvement - Q25	Do you have the potential to receive or do you receive extra financial support or incentives based on any of the following? (This includes bonuses, special payments, higher fees, or reimbursements.) • High patient satisfaction ratings • Achieving certain clinical care targets • Managing patients with chronic disease or complex needs • Enhanced preventive care activities, including patient counseling or group visits • Adding non-physician clinicians to your practice team (e.g., nurse for chronic disease management)	o Yes / o No
TransforMED - BPS	S - Practice Staffing Demographics, Q39	Practice Rewards *(Please distribute 100 points)* [2]	a) Practice Organization A distributes its rewards fairly equally among its members. It's important that everyone from top to bottom be treated as equally as possible._____% b) Practice Organization B distributes its rewards based on individual initiative. Those with innovative ideas and actions are most rewarded._____% c) Practice Organization C distributes its rewards based

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
			on rank. The higher you are, the more you get._____%
			d) Practice Organization D distributes its rewards based on achievement of objectives. Individuals who provide leadership and contribute to attaining the practice's goals are rewarded. _____%

4.3 PROCÉDURES CLINIQUES

Les procédures cliniques se définissent comme les structures mises en place pour gérer les décisions cliniques. Les détails concernant la répartition du travail entre les médecins, les mécanismes de prise de décisions cliniques, les modèles d'organisation des services, de même que les stratégies de partage de l'information, de collaboration, de coordination et d'intégration (par exemple : les discussions concernant les cas légaux, un guide de pratiques cliniques, etc.) se retrouvent dans cette catégorie.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Procédures cliniques / Mécanismes de prise de décisions cliniques			
TransforMED - BPS	S - Practice Information, Q60	How often does this practice hold meetings to discuss clinical issues?	o More than once a week / o Weekly / o Monthly / o Quarterly / o Annually / o Never / o Other (please specify)
TransforMED - MHVSA	S-Team-Based Care, Q1	Does your medical team and office staff meet at least weekly to discuss office operations and clinical practice functions?	o Yes / o No
TransforMED - MHVSA	S - Continuity of Care Services, Q3	Does your practice routinely employ and document a mechanism for tracking tests, referrals and follow-up on results?	o Yes / o No
IDCP2D	S1, Q4	Within your General Practice … • Procedures are designed to collect accurate information necessary for making decisions. • Procedures are designed to provide opportunities to appeal or challenge the decision • Procedures are designed to have all sides affected by the decision represented. • Procedures are designed to generate standards so that decisions could be made with consistency. • Procedures are designed to hear the concerns of all those affected by the decision. • Procedures provide useful feedback regarding the decision and its implementation. • Procedures are designed to allow for requests for clarification or additional information about the decision.	Strongly Disagree Strongly Agree 1 2 3 4 5 6 7
IDCP2D - TIS	S - Structure, Q20	Does your practice monitor prescribing? (How is this done? Do they have an internal process or is monitoring done by PCT?)	o Yes / o No
IDCP2D - TIS	S - Structure, Q22	What types of meetings does your practice hold? (e.g. "partnership meetings", "practice management meetings", "educational meetings", "quality of care meetings") Practice / Partner / Educational / Admin / Clinical / Other : _____	Type of meeting:_____ How often held:_____ Who attends (e.g. GPs, Nurses and/or admin staff) :_____ How long they last:_____ "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IMEPHC	S8, Q1	Please indicate which policies, standards and protocols your team currently has in place and which are currently being used. • Case management standards • Case management forms (paper or electronic) integrated into medical records • Standardized forms (paper or electronic) for treatment/service plans • Standardized referral forms (paper or electronic) • Care pathways or standards for referral • Standardized protocols for holding case conferences • Protocols for recording minutes of case conferences • Protocols in place to share information between all team members? • Standardized forms (paper or electronic) for patient/client assessment	In place? o Yes / o No / o NA Being Used? o Yes / o Partially / o No / o NA "
TransforMED - MHVSA	S - Continuity of Care Services, Q3	Does your practice routinely employ and document a mechanism for tracking tests, referrals and follow-up on results?	o Yes / o No
Evolution	SA, Q4.a,b	a. At your clinic, is there anyone who sets up on-call lists, schedules, vacation, etc.? b. At your clinic, is there anyone who organizes meeting for case discussions? (Circle only one answer.)	o No / o Yes – A physician - in-charge or designated physician / o Yes – The group physicians collectively / o Yes – Administrator/manager / o Doesn't apply because only 1 doctor in the clinic
Structures organisationnelles / Procédures cliniques / Soutien aux patients			
NFPWS2001	S - Education/ Training, Q47	Do you use: (Please check all that apply.)	o Reminder systems that prompt you to provide important clinical interventions for your patients o Reminder systems and/or educational materials that prompt your patients to obtain recommended care
Evolution	SA, Q4.g	At your clinic, is there anyone who develops collective prescriptions/ protocols for care? (Circle only one answer.)	o No / o Yes – A physician - in-charge or designated physician / o Yes – The group physicians collectively / o Yes – Administrator/manager / o Doesn't apply because only 1 doctor in the clinic
Evolution	SB, Q14	At your clinic, do you have… • A reminder system to invite patients to have the recommended screening tests (e.g. Pap test)? • A checklist in the file concerning the preventive clinical practices (counseling, screening, immunization) to carry out with patients, according to the guidelines that are in effect? • A tool to assist lifestyle habit counseling (e.g. for smoking cessation interventions)? • A reference tool for services offering support for lifestyle changes (e.g. smoking cessation centre, health education centre)? • A chart, in the files of patients with chronic diseases, that includes all the important follow-up components listed in patient management guidelines (e.g. glycated HB in diabetic patients)?	o No / o Yes, computerized / o Yes, paper "
ISPCD	Access to Care and Caring for Patients - Q8	Do you provide patients with a list of the medications they currently take?	o Yes, routinely / o Yes, occasionally / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
ISPCD	Office systems and information technology – Q20	Are the following tasks routinely performed in your office practice? • Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients) • All laboratory tests ordered are tracked until results reach clinicians • You receive an alert or prompt to provide patients with test results • You receive a reminder for guideline-based intervention and/or screening tests	o Yes, using a computerized system / o Yes, using a manual system / o No

Structures organisationnelles / Procédures cliniques / Tenue des dossiers médicaux

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
QUALICOPC	S - Medical record keeping, Q38	How do you keep patient medical records?	o I keep records except for minor or trivial complaints / o I keep records of all frequently attending patients / o I keep records, unless it is too busy / o I keep records routinely of all patient contacts / o Don't know
QUALICOPC	S - Medical record keeping, Q40	Does your medical record system normally include the following information: (Tick all that apply.)	o Not applicable (I don't use a computer for my medical records) / o Living situation / o Ethnicity / o Patients' family history (depression, cancer) / o Patients' weight and height / o Smoking / o Blood pressure / o Reason for encounter / o Diagnosis / o Prescribed medications / o Test results
IMEPHC	S8, Q2	Which of the following health/ psychosocial needs are consistently addressed in all patient records? (Check all that apply.)	o Medications / o Support Groups / o Education Patient Received / o Vocational training/education / o Adherence Issues (e.g., medication compliance) / o Family Situation / o Financial Need / o Living Arrangements / o Assistance Eligibility / o Legal Issues / o Housing / o Home Care / o Food/Nutrition (Food Security) / o Foster Care / o Child Care / o Adoption/ Permanency Planning / o Mental Health / o Substance Abuse / o Other: Specify: _____
NPS2010	SI, Q27	Thinking about your MAIN patient care setting, which of these describes your record keeping system? (Please check only one.)	o I use paper charts only / o I use a COMBINATION OF PAPER AND ELECTRONIC charts to enter and retrieve patient clinical notes / o I use electronic records INSTEAD OF PAPER CHARTS to enter/retrieve patient clinical notes / o Not applicable - I do not provide patient care
ISPCD	Office systems and information technology - Q19	With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate the following information about your patients? Is this process computerized? • List of patients by diagnosis (e.g., diabetes or hypertension) • List of patients by lab result (e.g., HbA1C>9.0) • List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due) • List of all medications taken by an individual patient (including those that may be prescribed by other doctors)	o Easy / o Somewhat Difficult / o Difficult / o Cannot Generate Is Process Computerized? o Yes, Computerized / o No
QUALICOPC	S - Medical record keeping, Q41	In the past 2 years, have you used your medical record system to list a selection of patients?	o Not applicable (I don't use a computer for my medical records) / o By age group (e.g. those above age 50) / o By diagnosis or health risk (e.g. diabetes or hypertension) / o By medications they take (e.g., patients on multiple medications) / o Who need a reminder for prevention or follow-up

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Procédures cliniques / Organisation des services			
QUALICOPC	S - Patient turnover, Q37	If new patients enter your practice, do you or your nurse normally have an intake conversation?	o Yes, always or usually / o Only occasionally / o Rarely or never
Evolution	SB, Q1a-b	At your clinic, … **a.** Is there staff mainly assigned to reception of patients? **b.** Is there staff mainly assigned to manage medical records (opening new files, managing archives)?	o Yes / o No
Evolution	SA, Q6	Do any general practitioners at your clinic share… • Coverage of walk-in clinic periods? / • Coverage of scheduled appointments periods? / • In-hospital care for clinic patients? / • Patient follow-up? / • Replacement for physician absent from the clinic?	o Yes / o No / o Doesn't apply because only 1 doctor in the clinic "
TransforMED - MHVSA	S-Point of Care Servce, Q4	Does your practice conduct pre-visit planning to create reminders for specific tests, medication review, and preventive and follow-up care?	o Yes / o No
CPCQ	S - Practice Profile, Q10	Does a nurse do triage of acute care (during walk-in hours)?	o Yes / o No
Evolution	SB, Q26	In general, appointments with specialists are made by…	o The patient / o Clerical staff / o The clinic nurse / o The physician

4.4 MÉCANISMES D'AMÉLIORATION DE LA QUALITÉ ET DE LA SÉCURITÉ DU PATIENT

L'existence de procédures de contrôle et d'amélioration de la qualité, comme l'évaluation des résultats et de la satisfaction, la formation professionnelle continue, les initiatives d'amélioration de la qualité, l'application de modèles d'amélioration (par exemple : PDSA, LEAN, etc.), de même que les mécanismes mis en place pour assurer la sécurité du patient (procédures de collecte et de suivi des plaintes, implantation de guide de pratique, conciliation des médicaments, mécanismes d'imputabilité, etc.), sont des aspects important de la structure organisationnelle et sont documentés dans cette catégorie.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Structures organisationnelles / Mécanismes d'amélioration de la qualité et de la sécurité du patient / Processus et Initiatives d'amélioration de qualité			
NATMEDCA - Practice Q.	S - Quality management, Q17	Does the practice have a written training policy for staff?	o Yes / o No
NATMEDCA - Practice Q.	S - Quality management, Q18	Does the practice have a written development policy for staff?	o Yes / o No
NATMEDCA - Practice Q.	S - Quality management, Q19	Does the practice have a written policy for ongoing quality management (e.g. "GNZCGP quality programme, CHASP")?	o Yes / o No
NATMEDCA - Practice Q.	S - Quality management, Q20	Does the practice have a formal peer review process?	o Yes / o No
TransforMED - BPS	S - Practice Staffing Demographics , Q25, 34	**25**. How does your practice motivate clinicians (MD, DO, NP, PA)? **34.** How does your practice motivate staff? *(Fill all that apply.)*	o Compensation bonus / o Socializing opportunities / o Travel opportunities / o Continuing education opportunities / o Recognition / o Encourage development of new skills / o Career advancement / o Other (please specify)
TransforMED - PEC	S - Mindfulness, Q5-8	**5**. People in this practice actively seek new ways to improve how they do things. **6**. This practice is able to easily adjust routines to deal with unusual situations. **7** People in this practice are thoughtful about how they do their jobs. **8**. People at all levels of this office openly talk about what is and isn't working.	Please indicate how strongly you agree or disagree with each statement. o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - PEC	S - Reflection, Q31-32	**31**. People in this practice regularly take time to reflect on how they do things. **32**. After trying something new, people in this practice take time to think about how it worked.	Please indicate how strongly you agree or disagree with each statement. o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - MHVSA	S-Quality and Safety, Q5	Does your practice participate in a performance reporting and improvement process at least quarterly?	o Yes / o No
PCPSS	Q1	At your practice site is there one individual who initiates and leads most quality improvement efforts?	o Yes / o No / o Don't know

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
PPQCS	Q4a,b	a. At your practice site is there one individual who initiates and leads most efforts to improve clinical quality?	(if there is more than one individual check "No") o No/Don't know / o Yes
		If YES, is this person a…	o Physician / o Non-physician clinician (e.g., RN, NP, PA) / o Other member of the practice site staff
PCPSS	Q2	Approximately how often do the clinicians and staff at your practice site hold meeting to discuss the practice site's performance on… • Clinical quality profiles? / • Patient satisfaction rating? / • Productivity? / • Utilization or costs of care? / • Physician or staff experience?	o Never/Don't know / o Annually / o Quarterly / o Monthly / o More often than monthly "
PCPSS	Q3	Approximately how often do the clinicians and staff at your practice site hold meeting to discuss the quality of care delivered by… • Specialists outside the practice? / • Hospital serving patients of practice?	o Never/Don't know / o Annually / o Quarterly / o Monthly / o More often than monthly "
PCPSS	Q4	Does your practice site give feedback to individual clinicians or staff about their personal performance on… • Clinical quality profiles? (e.g. HEDIS measures) / • Patient satisfaction ratings? (e.g. patient experience surveys) / • Productivity? (e.g. RVUs per clinical session) / • Utilization or costs of care? (e.g. generic drugs, imaging) / • Caring for chronic illness? (e.g. asthma or diabetes)	o Yes / o No / o Don't know "
PCPSS	Q5	Are clinicians and staff given feedback on practice-level performance on… • Clinical quality profiles? (e.g. HEDIS measures) / • Patient satisfaction ratings? (e.g. patient experience surveys) / • Productivity? (e.g. RVUs per clinical session) / • Utilization or costs of care? (e.g. generic drugs, imaging) / • Caring for chronic illness? (e.g. asthma or diabetes)	o Yes / o No / o Don't know "
PPQCS	Q3	During the past year, did your practice site implement any new initiatives to improve performance on… • Clinical quality profiles? (e.g., HEDIS measures) / • Patient satisfaction ratings? (e.g., patient experience surveys) / • Productivity? (e.g., RVUs per clinical session) / • "Cost-efficiency" profiles? (e.g., GIC reports)	o Yes / o No / o Don't know "
NSPOII	SE, Q13-16	At present or within the past year, has your IPA participated in any of the following quality demonstration programs: **13**. Bridges to Excellence? **14.** An IHI Quality Collaborative? **15.** Pursuing Perfection? **16.** Improving Chronic Illness Care (ICIC	o Yes / o No "
NSPOII	SE, Q17	Does your IPA participate in any other quality demonstration programs with any organization external to yours? (If yes, what is the name of that program?)	o Yes / o No
NSPOII	SH, Q5-6	**5**. Does your IPA routinely profile the clinical quality of your physicians?	o Yes / o No
		6. How long has your physician IPA routinely profiled the clinical quality of your own physicians?	o For 1 year or less / o 2-4 years / o 5 or more years / o We do not profile on this measure type

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NSPOII	SH, Q26-29	Using a scale of 1 to 5, please tell from your own experience how effective you think each of the following approaches is in changing physician behavior to deliver better quality care. **26**. Financial incentives **27.** Peer pressure (e.g., performance reports that compare a doctor's performance to other doctors in the IPA) **28.** Public reporting of performance results **29**. System level assistance (e.g., information systems investment and support)	1. Not Effective 2. 3. Moderately Effective 4. 5. Very Effective
NSPOII	SH, Q30-33	Using a scale of 1 to 5 please tell how important each of the following is as a motivator for quality improvement for your IPA. **30.** Public accountability, that is, publicly available performance results? **31.** Improving patient outcomes? **32.** Increasing patient satisfaction? **33.** Earning pay for performance incentive payments from health plans?	1. Not important 2. 3. Somewhat important 4. 5. Very important
NSPOII	SH, Q34-37	Using a scale of 1 to 5 please tell to what extent each of the following is a barrier to your IPA's quality improvement activities **34.** Time **35.** Money and other resources to invest in staff, training, or equipment **36.** Information systems **37**. Knowledge and expertise	1. No barrier 2. 3. Moderate barrier 4. 5. Great barrier
Evolution	SA, Q4.d, e	**d**. At your clinic, is there anyone who ensures that the quality of medical acts is evaluated? **e.** At your clinic, is there anyone who organizes continuing medical education activities? *(Circle only one answer per statement.)*	o No / o Yes – A physician - in-charge or designated physician / o Yes – The group physicians collectively / o Yes – Administrator/manager / o Doesn't apply because only 1 doctor in the clinic
PCOS-NS	S5,Q18	**(i)** Has your primary care organization implemented any quality improvement initiatives over the past 12 months? **(ii)** If yes, has your primary care organization implemented any changes in clinical practice as a result of these quality improvement initiatives? **(iii)** If yes, please briefly describe a few examples of such changes in clinical practice.	**(i)** o Yes / o No **(ii)** o No / o Yes
PPQCS	Q16	To the best of your knowledge, within the last 2 years did the practice site receive assistance from the following organizations for the purpose of improving the quality of clinical care? • A health plan / • A professional society / • An independent consultant / • Any of the following: Baycare, HVMA, Fallon, PCHI, Lahey, PCLLC, UMass, New England Quality Care Alliance / • An organization not named above	o No/Don't know o Yes (If yes, please write name) : _____ "
TransforMED - PCMHC	S - Quality Measures, Q2	Your practice is a culture of improvement if you and your staff:	o Establish core performance measures / o Collect data for better clinical management / o Analyze the data for quality improvement / o Map processes to identify efficiencies / o Discuss best practices
NSPOII	SE, Q9	During the past year, did your IPA receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
ISPCD	Measuring Practice Improvement - Q23	Is your own clinical performance reviewed against targets at least annually?	o Yes / o No
ISPCD	Measuring Practice Improvement - Q24	Do you receive information on how your own clinical performance compares to other doctors?	o Yes, routinely / o Yes, occasionally / o No / o Not sure
IDCP2D - TIS	S - Structure, Q21	Does your practice provide feedback on performance to the practice team? (How is this done? Do they have a formal process – e.g. annual appraisal?)	o Yes / o No
NSPOII	SH, Q1-2	**1**. Does your IPA routinely profile the utilization of your physicians?	o Yes / o No
		2. How long has your physician IPA routinely profiled the utilization of your own physicians?	o For 1 year or less / o 2-4 years / o 5 or more years / o We do not profile on this measure type
TransforMED - PCMHC	S - Practice Organization, Q15	Does your practice offer individuals and teams opportunities for development through:	o Ongoing education / o Leadership training / o Team meetings / o Roles and responsibilities that are stimulating and rewarding / o Shared vision and responsibility for quality of care / o Value for the contributions of all individuals
PPQCS	Q1	Based on your experience, what are the 2 features of a practice site that best enable the delivery of high-quality care?	i. _____ ii._____
PPQCS	Q2	Based on your experience, what are the 2 most important obstacles to delivering high-quality care?	i. _____ ii._____
NSPOII	SE, Q18-21	IPA's investment in quality improvement, if any, have a positive financial impact, a negative financial impact, or neither for… **18.** Asthma? **19**. CHF? **20**. Depression? **21**. Diabetes?	o No investment / o Positive financial impact / o Negative financial impact / o No impact "

Structures organisationnelles / Mécanismes d'amélioration de la qualité et de la sécurité du patient / Mesures et politiques de sécurité

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NATMEDCA - Practice Q.	S - Quality management, Q15	Does the practice have a written policy on complaints?	o Yes / o No
NATMEDCA - Practice Q.	S - Quality management, Q16	Does the practice have a written policy on critical events investigation procedures?	o Yes / o No
TransforMED - PEC	S - Patient Safety, Q71-79	**71**. People in this practice are actively doing things to improve patient safety. **72**. Staff feel like their mistakes are held against them. **73**. Mistakes have led to positive changes here. **74**. It is just by chance that more serious mistakes don't happen in this practice. **75**. Patient safety is never sacrificed to get more work done. **76**. Staff worry that mistakes they make are kept in their personnel file.	*Please indicate how strongly you agree or disagree with each statement*. o Strongly disagree **/** o Disagree **/** o Neutral **/** o Agree **/** o Strongly Agree "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		77. People in this practice openly discuss errors that happen in the practice. **78**. Staff are afraid to ask questions when something does not seem right. **79**. When things get really busy, people in this practice are expected to work faster, even if it means taking shortcuts.	
QUALICOPC	S- Patient safety, Q24	Are the following safety measures applied in your practice? • There is a list of emergency drugs that must be available • All drugs are safely stored (not accessible to children, patients) • Sharps are disposed of in a special container • There are sufficient fire extinguishers	o Yes / o No / o Don't know "
QUALICOPC	S- Patient safety, Q25	Has reception staff in your practice/centre been trained in First Aid?	o Yes / o No / o Don't know
QUALICOPC	S- Patient safety, Q26	Could someone who is cleaning your office have a look into your patient files?	o Yes / o Probably / o No
ISPCD	Office systems and information technology - Q21	Does your practice have a process for identifying adverse events and taking follow-up action?	o Yes, and process works well o Yes, but process could use improvement o No process
Structures organisationnelles / Mécanismes d'amélioration de la qualité et de la sécurité du patient / Lignes directrices et mesures de processus de soins			
NATMEDCA - Practice Q.	S - Quality management, Q21	Does the practice have evidence-based protocols and / or guidelines?	o Yes / o No
TransforMED - MHVSA	S - Team-Based Care, Q2	Have all the providers in your practice agreed to follow consistent evidence-based treatment guidelines?	o Yes / o No
TransforMED - PCMHC	S - Quality Measures, Q1	Are you using these clinical information systems:	o Registries / o Referral tracking / o Lab result tracking / o Medication interaction alerts / o Allergy alerts
TransforMED - PCMHC	S - Quality Measures, Q3	Does your practice use these checklists and reminders?	o Evidence-based reminders / o Preventive medicine reminders / o Decision support
TransforMED - PCMHC	S - Quality Measures, Q4	Do your care plans reflect:	o An updated problem list / o A current medication list / o Patient-oriented goals and expectations
PCPSS	Q6	Does your practice site have a system of reminders (e.g., flowsheets or checklists) that prompt clinicians at the time of a patient visit when a patient is due for… • Mammograms? **/** • Pap smears? **/** • Chlamydia screening? **/** • Colorectal cancer screening? For patient with diabetes: • Hemoglobin A1c testing? **/** • Cholesterol testing? **/** • Eye examination? **/** • Nephropathy monitoring? For patient who had an MI, PTCA, or CABG: • Cholesterol testing? **/** • Beta-blocker use?	o No/Don't know / o Yes, on paper / o Yes, electronic / o Yes, both "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
PCPSS	Q7	Does your practice site… • Maintain lists of patients at high risk of disease complications or hospitalization? • Provide care management specifically for patients at high risk of disease complications or hospitalization? • Routinely assess the self-management needs of your chronically ill patients? (e.g., by questionnaire)	o No/Don't know / o Yes "
PCPSS	Q9, 10	**9.** Does your practice site have a registry that creates lists of patients who are overdue for their… • Screening services? (e.g., Pap smears, mammograms) • Chronic disease services? (e.g., hemoglobin A1c in diabetes; cholesterol in coronary artery disease) **10.** Does your practice site have a registry that creates lists of patients who are out of the target range for their… • Chronic disease laboratory values? (e.g., hemoglobin A1c over target) • Chronic disease physical findings? (e.g., blood pressure or BMI over target)	o No / Don't know / o Yes, on paper / o Yes, electronic / o Yes, both "
QUALICOPC	S- Quality assurance, Q22	Do you use clinical guidelines for the treatment of the following? Please also tick whether you think these guidelines are based on the latest available scientific evidence • Cardiovascular diseases / • Asthma or COPD / • Depression / • Diabetes / • Hypertension	**Use**: o Yes **/** o No " **Based on the latest available scientific evidence** : o Yes **/** o No **/** o Don't know

Structures organisationnelles / Mécanismes d'amélioration de la qualité et de la sécurité du patient / Satisfaction du personnel et des patients

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - BPS	S - Practice Staffing Demographics, Q23, 32	**23**. How does your practice measure clinician (MD, DO, NP, PA) satisfaction? **32**. How does your practice measure staff satisfaction?	*(Check all that apply.)* o Suggestion box **/** o Survey **/** o Don't measure **/** o Other (please specify)
TransforMED - BPS	S - Practice Staffing Demographics, Q24, 33	Has your practice made any changes based on your measurement of clinician satisfaction? Has your practice made any changes based on your measurement of staff satisfaction?	o Yes / o No
TransforMED - BPS	S- New Model Characteristics, Q81	Monitoring and analysis of patient outcomes	o Currently use / o Considering using / o Previously used
TransforMED - MHVSA	S - Patient Centered Care, Q11	Does your practice have any kind of formal patient feedback process in place which evaluates the patient's experience/satisfaction?	o Yes / o No
NSPOII	SH, Q5-9	To what extent do you believe that the majority of physicians in your IPA would agree with each of the following statements? **5.** To what extent would they agree that the IPA does a good job of assessing patient needs and expectations? **6.** To what extent would they agree that the staff promptly resolve patient complaints?	o Strongly Disagree / o Disagree / o Neither Agree nor Disagree / o Agree / o Strongly Agree "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		7. To what extent would they agree that the patients' complaints are studied to identify patterns and prevent the same problems from recurring? **8.** To what extent would they agree that the IPA uses data from patients to improve care? **9**. To what extent would they agree that the IPA uses data on patient expectations and/or satisfaction when developing new services?	
NSPOII	SH, Q3-4	**3.** Does your IPA routinely profile patient satisfaction with your own physicians?	o Yes / o No
		4. How long has your physician IPA routinely profiled patient satisfaction with your own physicians?	o For 1 year or less / o 2-4 years / o 5 or more years / o We do not profile on this measure type
ISPCD	Measuring Practice Improvement - Q22	Does the place where you practice routinely receive and review data on the following aspects of your patients' care? • Clinical outcomes (e.g., percent of diabetics or asthmatics with good control) • Surveys of patient satisfaction and experiences with care	o Yes / o No
Structures organisationnelles / Mécanismes d'amélioration de la qualité et de la sécurité du patient / Évaluation externe			
QUALICOPC	S- Quality assurance, Q23	In the past 12 months, has the following occurred in your practice/centre? • Inspection of medical files by health authority or insurer • Feedback on your prescriptions or referrals by health authority or insurer • Informal feedback from colleague GPs (peer review or practice visitation) • Investigation into the satisfaction of your patients • Information received from community workers or local authorities about health or welfare issues in your practice area	o Yes / o No "
NSPOII	SE, Q1-3	Is your IPA by external entities such as health insurance plans on … **1**. Measures of patient satisfaction? **2**. Measures of clinical quality such as HEDIS? **3**. Use of information technology?	o Yes / o No "
BEACH - GP	Q17	Is your major practice accredited?	o Yes / o No
COMP-PC	S2,Q5	In your practice, has a medical record audit been performed during the past two years?	o Yes / o No / o Not Sure/ Don't Know
IMEPHC	S7, Q1		

5. PRESTATION DE SERVICES ET PRATIQUES CLINIQUES

5.1 HORAIRES ET HEURES D'OUVERTURE

L'accessibilité des soins de santé pendant (et après) les heures d'ouverture de la clinique est abordée ici en termes de capacité de la clinique à assurer la disponibilité de professionnels de la santé (services sur rendez-vous et sans rendez-vous).

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Horaires et heures d'ouverture / Heures d'ouverture			
NAMCS - PIIF	S2 - Q18g	Do you see patients in the office during the evening or on the weekends?	o Yes / o No
NATMEDCA - Practice Q.	S - Access, Q1	Please indicate the standard day, half days closed, and extra hours the practice is open. **a.** Standard day *(eg 8:30 – 5:00 pm)* **b**. Half days closed *(eg Wed. pm)* **c.** Extra hours *(eg Thursday evening or Saturday morning)*	**a**. Open_____ Close _____
QUALICOPC	S - Opening hours, Q31	How many hours on an average working day is your practice/centre open for patient care?	_____ hours per working day
QUALICOPC	S - Opening hours, Q32	Is it possible for patients to visit your practice/centre: • After 18h00 (at least once per week) • On a weekend day (at least once per month)	o Yes / o No "
PCPSS	Q21	Is your practice site regularly open to provide care on Saturdays or Sundays?	o Yes / o No
PCPSS	Q22	How many nights per week is your practice site open for patient visits during extended evening hours?	o None / o 1 / o 2 / o 3 / o 4 / o 5 or more
COMP-PC	S1, Q7	Please indicate the hours during which your practice is open. (Ignore meal breaks). On days when the practice is closed all day, please check "Closed all day".	Monday: ____:____AM to____:____PM or o Closed all day Tuesday: ____:____AM to____:____PM or o Closed all day Wednesday:____:____AM to____:____PM or o Closed all day
IMEPHC	S9, Q2	Please indicate the hours during which your practice is open (Ignore meal breaks). On days when the practice is closed all day, please indicate what on-call services (other than the Ontario Telephone Health Advisory System) your practice or network provides when patients get sick. Hours of Operation	Thursday: ____:____AM to____:____PM or o Closed all day Friday: ____:____AM to____:____PM or o Closed all day Saturday: ____:____AM to____:____PM or o Closed all day Sunday: ____:____AM to____:____PM or o Closed all day
PCOS - NS	S1, Q1	Is your primary health care organization open during the following non-business hours? (*Please do not include on-call coverage.*)	**A. Weekday evenings** o No **/** o Yes, __ days per week from ___ to ___ **B. Saturdays** o No **/** o Yes, from _____to _____ **C. Sundays** o No **/** o Yes, from _____to _____

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Horaires et heures d'ouverture / Planification des plages horaire			
NAMCS - PIIF	S2 - Q29b	Does your practice set time aside for same day appointments?	o Yes / o No / o Don't know
TransforMED - BPS	S - New Model Characteristics, Q70	Open-access scheduling (Under the open-access scheduling model, the practice typically leaves 50°/o to 65% of office visit slots fee. These slots are then filled each day based upon requests received since the end of the previous work day.)	o Currently use / o Considering using / o Previously used
TransforMED - BPS	S - New Model Characteristics, Q89	Please describe the scheduling process utilized by your office.	o Our practice schedules patients as needed. Please list average wait time below o Our practice has a manual open access scheduling system o Our practice has software for open access scheduling (please describe the software) _____ o If you schedule patients as needed, please list the average wait time: _____
PCPSS	Q23	Does your practice site have open-access scheduling (i.e., guaranteed same-day or next-day routine appointment with clinicians)?	o Yes / o No
CPCQ	S - Practice Profile, Q12	Which of the following medical services do you offer WITHIN THE CLINIC. (Please check all that apply.) • Scheduled appointments / • Walk-in care	o Mornings / o Afternoons / o Nights / o Week-ends / o Holidays "
Evolution	SB, Q1e-l	At your clinic, … • Do you offer services by appointment during weekends (Saturday or Sunday)? • Do you offer services by appointment during weekday evenings (after 6:00 pm)? • Do you offer walk-in services during weekends (Saturday or Sunday)? • Do you offer walk-in services during weekday evenings (after 6:00 pm)? • Do you offer services at night (between midnight and 8:00 a.m.)? • Outside the clinic's opening hours, do you direct patients to another available clinic? • Outside the clinic's opening hours, do you direct patients to the Info-Santé help line? • Outside the clinic's opening hours, do you direct patients to hospital emergency departments?	o Yes / o No "
QUALICOPC	S - Appointment system and waiting times, Q34b	Do you offer a walk-in hour?	o Yes / o No
Evolution	SB, Q3	What percentage of walk-in visits to all visits do you provide at your clinic?	o 0% / o 1 to 25% / o 26 to 50% / o 51 to 75% / o 76 to 100%
IDCP2D - TIS	S - Structure, Q17	How many surgery appointments do you offer in one week? ………………..	
IDCP2D - TIS	S - Structure, Q18	How many emergency appointments do you offer in one week? ……………….. (are these in addition to or included in above number – Q17?)	

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Horaires et heures d'ouverture / Dispositions en dehors des heures d'ouverture			
BEACH - GP	Q19	What are the normal after-hours arrangements for your practice? *(Circle all that apply.)*	o Practice does its own / o Co-operative with other practices / o Deputizing service / o Other / o None
NATMEDCA - Practice Q.	S - Access, Q5	What after-hours arrangements does the practice have? *(Tick all that apply.)*	o Provides own after-hours cover / o Member of collective after-hours service / o Sign out to after-hours service / o Other
NATMEDCA - PQ	Q11a,b,c	**a.** Do you provide after hours cover? **b**. If yes, how often do you provide cover on week nights (e.g. 1 in 5 nights)? **c.** If yes, how often do you cover at the weekend (e.g. 63 hours every 3 weeks)?	a. o Yes / o No
QUALICOPC	S - Out-of-hours care, Q33	When your practice/centre is closed, how do patients have access to (non-emergency) medical services?	o I am always available for my patients / o I am available on rota basis with a group of GPs / o I am not available, but other GPs are available on a rotation basis / o Other physicians (not GPs) provide out-of hours care / o Other arrangements
IMEPHC	S9, continued from Q2 (see suvey form)	On Call Services- When the practice is closed We offer care and advice… a. at the practice: b. through shared arrangements with other practices:	**Hours available:** Monday - __:__ to __:__ Tuesday - __:__ to __:__ Wednesday - __:__ to __:__ Thursday - __:__ to __:__ Friday - __:__ to __:__ Saturday - __:__ to __:__ Sunday - __:__ to __:__
		c. We are not able to offer on call services :	o Monday / o Tuesday / o Wednesday / o Thursday / o Friday / o Saturday / o Sunday
PCOS - NS	S1, Q2	Does your primary health care organization provide after hours on-call coverage to the population served?	**A. Weekday evenings** o No **/** o Yes, __ days per week from ___ to ___ **B. Saturdays** o No **/** o Yes, from _____to _____ **C. Sundays** o No **/** o Yes, from _____to _____
Evolution	SB, Q8	When your clinic is closed, is there an on-call system for… • Vulnerable patients (as defined by the RAMQ)? • Regular patients who have a family doctor at your clinic? • People who have a medical record but don't have a family doctor at your clinic? • People who don't have a medical record at the clinic?	o Yes / o No "
ISPCD	Access to Care and Caring for Patients - Q6	Does your practice have an arrangement where patients can see a doctor or nurse if needed when the practice is closed (after-hours) without going to the hospital emergency room or department?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Horaires et heures d'ouverture / Rendez-vous			
Evolution	SB, Q10, 11, 12	**10.** At your clinic, how much time is scheduled for visits for evaluation of a new patient? **11.** At your clinic how much time is scheduled for follow-up visits? **12.** At your clinic how much time is scheduled for emergency consultations (other than mental disorders)?	*(Check one only.)* o Less than 10 minutes / o 10 minutes / o 15 minutes / o 20 minutes / o 30 minutes / o Over 30 minutes
Evolution	SB, Q7	Does your clinic confirm appointments with patients a few days before scheduled visits?	o Yes / o No
NATMEDCA - Practice Q.	S - Access, Q2	Does the practice use a booking system?	o Yes / o No
IDCP2D - TIS	S - Structure, Q16	What is the booking interval for routine patient consultations at your practice (GP appointments)?	…..mins
QUALICOPC	S - Appointment system and waiting times, Q34a	What percentage of your patient consultations is by appointment?	About _____%

5.2 TYPES ET GAMME DE SERVICES OFFERTS

On retrouve ici une liste exhaustive des services offerts par la clinique. L'objectif de cet exercice est de brosser le portrait de la diversité et de l'étendue des activités de soins de santé fournis en clinique.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Types et gamme de services offerts / Services de soutien et de consultations			
NAMCS - PIIF	S2 - Q19b	During the last normal week of practice, about how many encounters of the following type did you make with patients: • Nursing home visits / • Other home visits / • Hospital visits / • Telephone consults / • Internet/e-mail consults	
NATMEDCA - Practice Q.	S - Access, Q4	• Do practitioners in the practice make home visits? • If yes, what is the average number of home visits made par week?	o Yes / o No
NATMEDCA - PQ	Q13a,b	a. Do you provide medical care to rest homes? b. If yes, do you claim GMS for rest home visits?	o Yes / o No "
TransforMED - BPS	S - Practice Demographics, Q9	Please indicate approximately what number of patients are seen in a typical week in the following categories: • Office Visits / • Hospital Visits / • Emergency Department / • Home Visits / • Nursing Home	Source of estimates : (1=EMR, 2=billing data, 3= best guess)
PCPSS	Q18	During a typical week, what percentage of patient visits are with… • Physicians? / • Nurse practitioner (NPs)? / • Physician assistant (PAs)? / • Social workers? / • Diabetes educators? / • Care managers? / • Medical assistants? / • Health coaches? / • Pharmacists? / • Others providers (e.g., nutritionists)?	____% "
IMEPHC	S3, Q1	Do any of the following health professionals employed by the practice provide home visits for the practice patients? • Nurses / • Dietician / • Nurse practitioner / • Pharmacist / • Other _____	o Yes / o No
IMEPHC	S4, Q3	Does anyone at your practice provide the following services OFF-site and specifically to your patient population? • End of life care / • Preparation for delivery and delivery (off site) of babies / • Hospital visits / • Nursing home care / • Outreach services for the vulnerable or special needs population / • Other (please specify): _____	o Yes / o No / o Not Sure/ Don't Know
CPCQ	S - Practice Profile, Q 12	Which of the following medical services do you offer within the clinic. *(Please check all that apply.)* • Visits to nursing homes or residences for the elderly / • Home visits / • Palliative care / • Management of chronic diseases / • Intra-hospital care / • Psychotherapy / counselling / • Integrated on-call network in the area	o Never / o Sometimes / o Often "
NATMEDCA - Practice Q.	S - Access, Q10	Does the practice provide independant nursing consultations? *(Patients seen by nurse without same-day doctor consultation.)*	o Yes / o No
NATMEDCA - PQ	Q17a,b	a. Do you provide telephone consultations ni place of face-to-face consultations? b. If yes, please estimate the number of hours per week for telephone consultations?	o Yes / o No
CPCQ	S - Practice Profile, Q 11	Do your clients have telephone access to advice given by a doctor or a nurse linked to this clinical setting 24/7, 365 days a year (excluding info-santé)?	o Yes / o No
Evolution	SB, Q1c,d	At your clinic, …	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		c. Can a patient leave a message on an answering machine and get a return call from a physician or nurse? **d**. At least one doctor make home visits?	"
Evolution	SB, Q9	For each client group specified below, indicate if it is possible for patients to contact a physician or a nurse by telephone during the clinic's opening hours? • Vulnerable patients (as defined by the RAMQ)? / • Regular patients who have a family doctor at your clinic? / • People who have a medical record but don't have a family doctor at your clinic? / • People who don't have a medical record at the clinic?	o Yes / o No "
PCOS -NS	S1, Q3	Do patients have access to on-call services through a: • Telephone / • Walk-in clinic / • Other (please describe)_____	o Yes / o No "
TransforMED - PCMHC	S - Patient Experience, Q5	Which of the following are you using to improve your patients' access to care?	o Same day appointments / o Email / o Web portal for Rx, appointments, or information / o Referral to online resources / o Non-visit based care and support
TransforMED - MHVSA	S - Access to Care and Information, Q7	Does your practice provide patients with any alternatives to the traditional appointment like e-Visits or group visits?	o Yes / o No
ISPCD	Practice Profile and Demographic Data – Q32	In a given week, what percentage of your work time do you spend on face-to-face contacts with patients?	_____%
Prestation de services et pratiques cliniques / Types et gamme de services offerts / Services médicaux et préventifs			
NAMCS - PIIF	S2 - Q30.a,b,c,d,e	**a**. Does your practice currently recommend the human Papillomavirus (HPV) vaccine?	o Yes – Skip to item 30c / o No – Go to item 30b
		b. Does your practice plan on recommending the HPV vaccine?	o Yes – Go to item 30c / o No – Skip to item 30e
		c. Which HPV vaccine does your practice recommend using?	o Gardasil (quadrivalent vaccine) / o Cervarix (bivalent vaccine) / o Both /o Don't know
		d. What age group(s) does your practice recommend patient get the HPV vaccine?	o Females 9-12 years of age / o Females 13-26 years of age / o Females 27 years of age and older / o Males 9-12 years of age / o Males 13-26 years of age / o Males 27 years of age and older

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		e. Please indicate the reason(s) why your practice does NOT plan on recommending the HPV vaccine.	o Not a large proportion of recommended age group in my practice o Concern that it encourage sexual promiscuity o Not wanting to convince parents/patients to accept vaccine o Awkwardness of conversation that HPV is sexually transmitted o Concern about safety of the vaccine o Concern about failure of vaccine to prevent all cervical cancer o Concern about thiomersal in vaccine o Concern about decreased efficacy in population that have been exposed to HPV (i.e., sexually active) o Concern that the office schedule is too crowded to accommodate additional visits o Insurance reimbursement issues o Up-front costs to purchase vaccineo Concern regarding the storage and administration protocol of vaccine o Other – Specify _____
NAMCS - PIIF	S2 - Q31	Do you offer any type of cervical cancer screening?	o Yes / o No / o Don't know
NATMEDCA - Practice Q.	S -Services provided, Q7	What screening programs with dedicated recall and follow up systems are provided?	o Cervical smear / o Diabetes / o Mammogram / o Other *(please specify)_____*
NATMEDCA - Practice Q.	S -Services provided, Q8	Does the practice provide… *(Please tick all that apply.)*: • Minor surgery / •Mental health services / • Group health promotion / • Formal counseling services / • Community worker services / • Dental health services / • Occupational medicine / • Dedicated adolescent medicine / • Dedicated older persons care / • Sports medicine / • Emergency # accidental call out / • Other : *(please specify)*	o Yes / o No "
NATMEDCA - Practice Q.	S -Services provided, Q11	**a**. Does the practice provide complementary / alternative services? **b**. If yes, please specify	o Yes / o No
TransforMED - BPS	S - Practice Characteristics, Q43	Which of the following procedures/services are performed in your practice? *(Check all that apply.)*	o Flexible sigmoidoscopy / o Colonoscopy / o EKG / o Dermatologic procedures / o Vasectomy / o Colposcopy / o Cervical Screenings/pap smears
QUALICOPC	S - Medical procedures (scale), Q53	How often are the following activities carried out in your practice population by you (or your staff) and not by a medical specialist? (Practice population means: people normally applying to you for primary medical care). For example, if wedge resections are (almost) always done by you, tick the appropriate box. • Wedge resection of ingrown toenail / • Removal of sebaceous cyst from the hairy scalp / • Wound suturing / • Excision of warts / • Insertion of IUD / • Removal of rusty spot from cornea / • Fundoscopy / • Joint injection / • Maxillary (sinus) puncture / • Myringotomy of eardrum (paracentesis) / • Applying a plaster cast / • Strapping an ankle / • Cryotherapy (warts) / • Setting up an intravenous infusion	o (Almost) always / o Usually / o Occasionally / o Seldom / o Never

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NPS2010	SE, Q15	Please indicate if you OFFER the following to your patients and if this is a SPECIFIC AREA OF FOCUS in your practice: *(Check all that apply.)* • Emergency medicine / • Alternative/complementary medicine / • Travel/tropical medicine / • Cosmetic medicine / • Anesthesia / • Community medicine/public health / • services/health promotion / • Dermatology / • Gynecology / • Liaison to homecare / • Hospitalist care (most responsible physician for patients in hospital to whom you do not provide care post hospital discharge) / • Housecalls / • Infectious disease care / • Mental health care / • Psychotherapy/counseling / • Substance abuse care / • Pain management / • Palliative medicine / • Occupational/industrial medicine / • Rehabilitation medicine / • Sports medicine / • Surgery / • Day surgery / • Surgical assisting / • In-patient hospital care / • Intrapartum care - If yes, number of births attended per year : _____ / • Pre-natal care / • Ante-natal care / • Legal/medico-legal consultations / • Other, please specify:	o I offer o Specific focus "
NFPWS2001	S - Clinical Practice Profile, Q20	Which of the following procedures do you perform as part of your practice? *(Please check all that apply.)*	o Audiometry / o Refraction / o ECG interpretation / o Pulmonary function testing / o Pap smears / o IUD insertion / o Blood tests / o D+C aspiration / o Lumbar puncture / o Musculoskeletal (includes joint) injection / aspiration o Casting / Splinting / o Radiology / o Vaccinations (• Childhood, • Influenza, • Pneumococcal) / o Rectoscopy / o Anoscopy / o Other endoscopy Please specify: / o Needle aspiration (for diagnosis / biopsy) / o Skin biopsy / o Other biopsy Please specify: / o Suturing / o Other minor surgery Please specify: / o Blood (and other fluids) samples / o Other procedures Please specify:
CPCQ	S - Practice Profile, Q14		
COMP-PC	S2, Q4	Does your practice provide the following services on-site? (Please check one in item) • Nutrition counseling by a nutrition specialist or dietitian / • Family planning or birth control services / • Alcohol or drug abuse counseling or treatment (20 min sessions or more) / • Counseling for behavioural or mental health problems / • Suturing for a minor laceration / • Allergy shots / • Cryotherapy / • PAP smears / • Sigmoidoscopy / • Phlebotomy (blood sample) / • Prenatal care / • Preparation for delivery and delivery (off site) of babies / • Splinting for a sprained ankle / • Removal of an ingrown toenail / • ECG/EKG (Electrocardiogram) / • Spirometry / • Other (please specify):_____	o Yes / o No / o Not Sure/ Don't Know "
IMEPHC	S4, Q2		
Evolution	SB, Q16	At your clinic, are the following services available? • Strep-test / •Skin biopsy / • IUD insertion / • Musculo-skeletal injection/aspiration / • Suture/minor surgery / • Cervical smear (Pap test)	o Yes / o No "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Evolution	SB, Q19	At your clinic, do any general practitioners focus MOST of their clinical activities or specialize in the following practice field: • Delivery attendance and follow-up? / •Women's health (excluding obstetrical care)? / • Mental health? / • Geriatrics? / • Child and adolescent care? / • Plastic surgery/treatment of varicose veins? / • Obesity? / • One or more chronic diseases in particular (diabetes, COPD, heart failure, etc.)? / • Industrial medicine/occupational health? / • Sports medicine? / • Traveler's health? / • Alternative medicine (acupuncture, osteopathy, etc)? / • Other? (Specify: _____)	o Yes / o No "
Evolution	SA, Q11	Are the following services available in the building where your clinic is located? • Blood samples / •Radiology / • Electrocardiography / • Spirometry / • Colonoscopy / • Bone densitometry / • Magnetic resonance / • Ultrasound / Doppler / • Echocardiography / • Computed tomography (CT) / • Mammography	o Yes / o No "
PCOS-NS	S1,Q5	Please indicate which of the following types of services are provided by your organization to individual patients. Please feel free to add comments to explain any of your answers. **Type of service** • Care for an emergent but minor problem (e.g. sprained ankle, unexplained rash) / • Non-urgent care (e.g. well woman care, chronic illness management) / • Pre-natal maternity care / • Intrapartum care / • Postpartum care / • Mental health services / • Behaviour change counseling about tobacco use / • Behaviour change counseling about healthy eating / • Behaviour change counseling about physical activity / • Other health promotion or prevention services / • Psychosocial services (e.g. counseling advice for physical, emotional, financial problems) / • Liaison with home care services / • Referral to and follow-up care from specialized agencies such as hospitals, youth centers, specialists and/or other providers (through formalized arrangements and/or agreements) / • Rehabilitation services / • Provision of home visits / • Specialized programs (other than outreach services) for vulnerable or special needs population groups / • Outreach services to vulnerable or special population groups / • Other, specify _____	o Yes / o No Comments "
NATMEDCA - Practice Q.	S -Services provided, Q9	Are maternity services provided by the practice? • By doctor? • By midwife? • By nurse?	o Yes / o No *If yes, please check all of the following which apply* o Antenatal / o Intrapartum / o Postpartum
NATMEDCA - PQ	Q16	Do you undertake obstetric deliveries?	o Yes / o No
TransforMED - BPS	S - Practice Characteristics, Q42	Indicate the type of patient care included in your practice	o Prenatal Care / o Deliver Babies / o Minor Surgery / o Urgent/Emergent Care

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NFPWS2001	S - Clinical Practice Profile, Q21	Please describe this practice's involvement in maternity and newborn care. *(Please check all that apply.)*	o Maternity and newborn care are not part of practice. o Shared care: Provide antenatal care (no intrapartum care) and usually refer low risk women to: o Another FP/GP o An Obstetrician / Gynaecologist o A midwife Low-risk women are usually transferred at ___ weeks of pregnancy. Antenatal care is provided for approximately ___ women per year. o Provide intrapartum care in addition to prenatal care. Number of births attended per year: ___ births o Provide postpartum care (in hospital or office) o Provide newborn care (in hospital or office)
NFPWS2001	S - Clinical Practice Profile, Q22	If you provide intrapartum care, please indicate which procedures you perform as part of your obstetrical practice. *(Please check all that apply.)*	o Vacuum extractions / o Low forceps / o Mid-forceps and rotations / o Cesarean sections (primary surgeon)
Evolution	SB, Q18	In your clinic, do any general practitioners provide follow-up for… **a.** Pregnant women? **1**. If yes, do they attend delivery? **b.** Children aged 5 years or less? **2**. If yes, approximately what percentage of your clinic's clientele does this group represent?	o Yes / o No 18.2 ____%
CPCQ	S - Practice Profile, Q13	Please describe this practice's involvement in maternity and newborn care. *(Please check all that apply.)*	o Maternity and newborn care are not part of practice / o Shared care: Provide antenatal care (no intrapartum care) and usually refer low risk women / o Provide intrapartum care in addition to prenatal care

5.3 GESTION DE MALADIES SPÉCIFIQUES

Cette catégorie comprend les détails au sujet des services fournis pour la prévention, le dépistage et le traitement de certains types de problèmes particuliers. Des programmes spéciaux, comme ceux portant sur la gestion des problèmes de santé mentale, de dépendances et d'autres maladies chroniques, sont documentés ici.

Questionnaire	Section/question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Prévention et dépistage			
QUALICOPC	S - Prevention and health education, Q54a	When do you, or your staff, measure blood pressure? *(More than one answer possible.)*	o In connection with relevant clinical conditions / o On request / o Routinely in surgery contacts with adults (regardless of the reason for visit) / o In adults when invited for this purpose
QUALICOPC	S - Prevention and health education, Q54b	When do you, or your staff, measure blood cholesterol level*? (More than one answer possible.)*	o In connection with relevant clinical conditions / o On request / o Routinely in surgery contacts with adults (regardless of the reason for visit)/ In adults when invited for this purpose / o No such measures
QUALICOPC	S - Prevention and health education, Q54c	When do you, or your staff, carry out cervical smears for cancer screening? *(More than one answer possible.)*	o In connection with relevant clinical conditions / o On request / o Routinely in surgery contacts with at risk females / o n women when invited for this purpose / o No such screening
QUALICOPC	S - Prevention and health education, Q55	To what extent are you involved in health education as regards smoking, eating and drinking habits? *(More than one answer possible)* • Smoking **/** • Eating **/** • Problematic use of alcohol **/** • Physical exercise	o Not involved / o In connection with normal patient contacts / o In group sessions or special programmes
QUALICOPC	S - Prevention and health education, Q56	Are you or your practice staff involved in the following activities? • Intrapartum care **/** • Routine antenatal care **/** • Immunisation of children (as part of a programme) **/** • Paediatric surveillance of children under 4 years **/** • Family planning/contraception **/** • TB screening (as part of a programme) **/** • Influenza vaccination (as part of a programme) **/** • Palliative care	o Involved / o Not involved "
NSPOII	SG, Q1	Does your IPA routinely administer a health risk assessment (HRA) protocol or questionnaire directly to patients to identify those who may benefit from counseling or other interventions to reduce their risk factors (do not include health history questionnaires)?	o Yes / o No
NSPOII	SG, Q2	Are the HRA questionnaire results given to the patient's physician?	o Yes / o No
NSPOII	SG, Q3	Are the HRA questionnaire results routinely used by your IPA to contact patients who are considered to be at risk?	o Yes / o No
NSPOII	SG, Q4-6	Does your IPA routinely send reminders directly… **4**. To women over the age of 50 regarding mammograms? **5**. To high risk patients regarding flu shots? **6**. To patients with diabetes regarding eye exams?	o Yes / o No "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NSPOII	SG, Q7-11	Does your IPA offer patients an ongoing and systematic health promotion program in… **7**. Nutrition? **8**. Weight loss or management? **9**. Physical activity? **10**. STD prevention? **11**. Smoking cessation?	o Yes / o No "
Evolution	SB, Q17	Are the following vaccination services offered at your clinic? • Childhood vaccination? / • Influenza (seasonal flu) vaccination?	o Yes / o No "
TransforMED - BPS	S - New Model Characteristics, Q64	Please describe your practice's use of health risk assessment (HRA) protocols or questionnaires to identify patients who may benefit from counseling or other interventions in the following categories. (Check all that apply.)	o Tobacco Use / o Eating habits/Patterns / o Physical Activity / o Alcohol Use
TransforMED - BPS	S - New Model Characteristics, Q65, 66	**65.** Please describe your practice's use of nurses or health educators, within your practice, for individual counseling in the following categories. *(Check all that apply.)* **66.** Please describe your practice's use of group counseling activities within your practice for your patients in the following categories. *(Check all that apply.)*	o Tobacco Use / o Eating habits/Patterns / o Alcohol Use / o Asthma Management / o Physical Activity / o Diabetes Management
TransforMED - BPS	S - New Model Characteristics, Q68	Does the practice do community health screenings (e.g. schools, shopping malls, and service clubs) or health fairs; give lectures or workshops at schools or other community gatherings?	o Yes / o No o If yes, approximately how many in the past 12 months? _____
NFPWS2001	S - Clinical Practice Profile, Q23	Please indicate how frequently you provide the following preventive services at appropriate intervals to patients for whom they are indicated. • Obtain history of tobacco use / • Smoking cessation counselling / interventions / • Counselling about breast feeding / • Counselling about periconceptual folic acid supplementation / • Clinical breast examination for women aged 50-69 / • Mammography for women aged 50-69 / • Pap smears / • Childhood immunization (DPT, HiB, MMR) / • Counselling on safe sex practices / • Counselling about regular physical activity / • Blood pressure screening / • Influenza immunization for the elderly / • Use outreach strategies (e.g., mail / telephone reminder) for influenza immunization	o Very frequently / o Frequently / o Occasionally / o Very rarely / o No applicable patients "
NFPWS2001	S - Topics of current interest, Q41	If you required educational information on hepatitis C / HIV topics, what topics would be most useful to you?	
NFPWS2001	S - Topics of current interest, Q42	Please indicate how frequently you perform each of the following as part of your regular practice: • Ask patients about their physical activity levels • Assess patient fitness as part of a physical exam or through a fitness test • Refer patients to other professionals for fitness assessment or appraisal • Provide patients with verbal directions for a physical activity program • Provide patients with written directions for a physical activity program	o Very frequently / o Frequently / o Occasionally / o Very rarely / o Never "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IMEPHC	S4, Q4	Does your practice provide counseling for the following types of issues on site? • Tobacco use / • Unhealthy eating habits / • Obesity / • Physical inactivity / • Chronic disease related issues / • Medication / • Family conflicts / • Home safety / • Nutrition counseling by a nutrition specialist or dietitian / • Family planning or birth control services / • Alcohol or drug abuse counseling or treatment (20 min sessions or more) / • Counseling for behavioural or mental health problems	o YES -as required on an individual basis by: Primary care provider / o YES -as required on an individual basis by: Other HP / o YES -we offer a program in that area (e.g. group sessions) / o NO / o Not Sure/Don't Know
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Gestion des maladies chroniques			
TransforMED - BPS	S - New Model Characteristics, Q63	If your practice uses a registry to track patients with specific conditions, please indicate for which of the following conditions a registry is used. *(Check all that apply.)*	o Diabetes / o Hypertension / o Cancer / o Asthma / o High Cholesterol / o Coronary Artery Disease (CAD)
QUALICOPC	S - Disease managemant (scale), Q51	To what extent are you involved in the treatment and follow-up of patients in your practice population with the following diagnoses ("practice population" means: people who normally apply to you for primary medical care)? • Hyperthyroidism **/** • Chronic bronchitis **/** • Hordeolum (Stye) **/** • Peptic ulcer **/** • Herniated disc lesion **/** • Acute cerebro-vascular accident **/** • Congestive heart failure **/** • Pneumonia **/** • Peritonsilar abscess **/** • Ulcerative colitis **/** • Salpingitis **/** • Concussion of the brain **/** • Parkinson's disease **/** • Uncomplicated diabetes type II **/** • Rheumatoid arthritis **/** • Depression **/** • Myocardial infarction	o (Almost) always / o Usually / o Occasionally / o Seldom / o Never
PCPSS	Q11	Does your practice site have specially trained non-physician staff who help patients better manage their… • Asthma **/** • Diabetes **/** • Coronary artery disease **/** • Depression **/** • Obesity **/** • Recent discharge from a hospital **/** • Other conditions :_____	You may choose more than one response for each question: o No / Don't know / o Yes, Nurse Practitioner (NP) / o Yes, Physician Assistant (PA) / o Yes, Registred Nurse (RN) / o Yes, Medical Assistant (MA) / o Yes, other
NSPOII	SA, Q3-6	Do physicians in your Independent Practice Association (IPA) routinely treat patients for the following diseases? We are not asking whether your physicians see patients who have these diseases, but rather whether they routinely treat that particular disease. **3**. Asthma? **4**. Congestive heart failure, or CHF? **5**. Depression? **6**. Diabetes?	o Yes / o No / o Don't know / o Refuse "
NSPOII	SC, Q1-4	For each question, you can choose one or more of the responses. **1**. For a majority of your patients with asthma... **2**. For a majority of your patients with CHF… **3**. For a majority of your patients with depression… **4**. For a majority of your patients with diabetes….	• Does your IPA maintain an electronic registry? o Yes / o No • Does your IPA maintain a list of patients? o Yes / o No • Does a Physician-Hospital Organization (PHO) provide you with a patient list? o Yes / o No • Does one or more health plans provide you with a patient list? o Yes / o No "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
NSPOII	SC, Q17-20 SC, Q21-24	Does your IPA routinely send reminders for preventive or follow-up care directly to a majority of patients with… (Q17-20) Does a PHO routinely send reminders for preventive or follow-up care directly to a majority of patients with… (Q21-24) **17./21**. Asthma? **18./22**. Congestive heart failure (CHF)? **19./23**. Depression? **20./24.** Diabetes?	o Yes / o No "
NSPOII	SC, Q41-44 SC, Q45-48	We are also interested in whether your IPA uses nurse care managers. By "nurse care manager" we mean a nurse whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. We are not asking about nurses whose main task is inpatient utilization management – e.g. getting patients out of the hospital at the appropriate time. Does your IPA provide nurse care managers for patients with severe… (Q41-44) Does a PHO provide nurse care managers for your IPA's patients with severe… (Q45-48) **41./45.** Asthma? **42./46.** Congestive heart failure (CHF)? **43./47.** Depression? **44./48.** Diabetes?	o Yes / o No "
NPS2010	SK, Q31a	Do you have summary information on your patient population with chronic diseases (e.g., percent of diabetes patients due for an eye exam)? If no, would you find these useful?	o Yes / o No "
NPS2010	SK, Q31b	Do you typically use a flow sheet or checklist for chronic diseases? If no, would you find these useful?	o Yes / o No "
IDCP2D - TIS	S - Structure, Q19	Does your practice use guidelines for chronic diseases? **a**. If yes: which guidelines?	o Yes / o No a. o National / o Local
IDCP2D - TIS	S - Structure, Q23 a.-a.x.	Does your practice have a diabetes clinic? a. If yes: Does this sit within a more general structure of chronic disease management clinics? (Yes or No) a.i. If yes: Describe the structure of care delivery within these management clinics both in general and if anything is different in relation to diabetes care: a.ii. Who runs the diabetes/chronic disease clinics? – What does this person do? Any admin/clerical support (Yes or No) – if yes, who and what do they do? a.iii. Is there a GP available during the clinics? (Yes or No) If yes: o Does a specific GP take a lead for diabetes (if so – which GP) or do patients see any or their own GP? (Yes or No) o Do patients see the GP on the day of their clinic/review visit – routinely or on a "if necessary" basis? a.iv. Patient recall intervals/appointment system – who does this? How often patients recalled? (e.g. 3m, 6m, 12m, other) a.v. What is the booking interval for annual review/diabetes review patients (how long is the appointment and who do they see – e.g. 30 min appointment might be 20 mins with nurse and 10 mins with Dr)?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		a.vi. Chasing up non-attenders - who does this? Procedure/how often? a.vii. Referral policies/procedures – formal or informal. What they do for newly diagnosed patients – e.g. longer 1st review, etc., refer for education / dietician, etc. What procedure do they have for management of patients on insulin? Do they initiate insulin at the practice or is this done following referral to Secondary Care? a.viii. Provision of patient education: What kind of education do they provide for patients? Anything special for newly diagnosed patients? a.ix. Do they use monitoring aids – e.g. patient diaries, blood or urine testing kits? a.x. Anything else ?	
IDCP2D - TIS	S - Structure, Q24-25	**24.** Does your practice have a GP(s) or nurse(s) with a specialist interest in diabetes – has anyone had specialist training? What does the specialist do? Describe role in management of patients with diabetes – e.g. manage medication (prescribe), initiate insulin etc. What training have they had (formal and informal)? Is training on-going? Is training compulsory or sought out by individual health professional? **25.** Any other information you think may be helpful to us:	Name Role Training "
TransforMED - BPS	S - New Model Characteristics, Q77	Chronic Disease Management (Team-based consultations concerning diet, maintenance of medications, coordination of care, etc.)	o Currently use / o Considering using / o Previously used
NFPWS2001	S - Topics of current interest, Q39	Please indicate the type of HIV/AIDS care you provide:	o Do not provide HIV/AIDS care / o Provide HIV testing and counselling plus care for non-HIV related health needs / o Provide ongoing basic HIV care with referral for complications / o Provide ongoing advanced HIV care including treatment of complication
NFPWS2001	S - Topics of current interest, Q40	Please indicate the type of hepatitis C care you provide. *(Please check all that apply.)*	o Do not provide care / o Provide universal testing and counseling /o Provide selective testing and counselling based on risk factors / o Provide testing and counselling as part of the diagnosis of any hepatitis / o Provide care to asymptomatic patients / o Provide care to symptomatic patients
Evolution	SB, Q13	At your clinic, do you offer systematic patient management and follow-up services for patients who have the following chronic diseases: • Diabetes? / • Chronic obstructive pulmonary disease (COPD)? / • Heart failure? / • Asthma? / • Arthritis? / • Mental disorders?	o Yes / o No "
Evolution	SB, Q15	At your clinic, for follow-up of people with chronic illnesses (e.g. COPD, diabetes, heart failure, etc.) general practitioner(s)… • Use a registry to identify and/or track care of patients • Gp's use a tracking system to remind patients about needed visits or services • Follow-up patients between visits by telephone • Use published practice guidelines as the basis for their treatment plans • Involve office staff in identifying and reminding patients in need of follow-up care or other service • Assist patients in setting and attaining self-management goals	o Always / o Usually/ o Occasionally / o Rarely / o Never "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		• Refer patients to someone within your practice for education about their chronic illness • Refer patients to someone outside your practice for education about their chronic illness • Use flow sheets in medical records to track critical elements of care	
PCOS-NS	S2, Q11	Does your primary health care organization have a client/patient registry for chronic conditions? (Please circle one answer.) **If Yes,** Please describe:	o Yes / o No
NFPWS2001	S - Topics of current interest, Q38	How many of the following do you care for in your practice?	___ HIV/AIDS patients ___ Hepatitis C patients
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Soutien à l'auto-gestion			
TransforMED - PCMHC	S - Patient Experience, Q6	Does your practice support patient self-management through:	o Motivational interviewing / o Shared goal-setting / o Home monitoring (when appropriate) / o Group visits and support groups / o Family and caregiver engagement
NSPOII	SC, Q25-28 SC, Q29-32	• Does your IPA make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with: (Q25-28) • Does a PHO make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with: (Q29-32) **25./29.** Asthma? **26./30**. Congestive heart failure (CHF)? **27./31**. Depression? **28./32**. Diabetes?	o Yes / o No "
NSPOII	SC, Q33-36 SC, Q37-40	We are interested in whether your IPA provides written materials that explain to patients the guidelines for recommended medical care for their illness - for example, retinal screening for diabetics. - Does your IPA provide such written materials directly to patients with… (Q33-36) - Does a PHO provide written materials directly to your patients that explain the guidelines for recommended medical care for patients with… (Q37-40) **33./37.** Asthma? **34./38.** Congestive heart failure (CHF)? **35./39.** Depression? **36./40.** Diabetes?	o Yes / o No "
NPS2010	SK, Q32a	Do you give your patients with chronic diseases written instructions about how to manage their own care at home? (e.g., instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home)	o Yes, routinely / o Yes, occasionally / o No / o Don't know/Decline to answer
ISPCD	Access to Care and Caring for Patients - Q9		

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Utilisation de protocoles et de normes cliniques			
QUALICOPC	S - Disease management (scale), Q52	Are you involved in a disease management programme based on guidelines? (Important characteristics of a "disease management programme" are that one or more specific chronic conditions or risk-factors are managed in collaboration with multidisciplinary care providers, there is a systematic and coherent approach, focuses on an active role for patients and it strives to maximize effectiveness and to continuously improve quality of care)	o Yes, always / o Sometimes / o Rarely / o Never
NSPOII	SC, Q5-8	First, we would like to know whether your IPA provides the majority of your physicians with guideline-based reminders for services the patient should receive for use at the time of seeing the patient. An example would be a pop-up within an electronic medical record or a reminder attached to the front of the chart. Does this happen for the IPA's patients with… **5**. Asthma? **6**. Congestive heart failure (CHF)? **7**. Depression? **8**. Diabetes?	o Yes / o No "
NSPOII	SC, Q52	How familiar are you with the Chronic Care Model?	o Very familiar / o Slightly familiar / o Not familiar
	SC, Q53	How familiar are you with the rapid cycle quality improvement strategy?	
NSPOII	SC, Q54	Does your IPA use the rapid cycle quality improvement strategy?	o Yes / o No
NSPOII	SC, Q55	Does your IPA participate in the effort to include involvement in quality improvement work as a criterion for board recertification of primary care physicians?	o Yes / o No
NSPOII	SD, Q8	Health plan disease management programs are effective in improving the quality of care for our patients with chronic illnesses.	o Strongly Agree / o Agree / o Neither Agree nor Disagree / o Disagree / o Strongly Disagree
	SD, Q9	Health plan disease management programs provide our IPA's physicians with useful information about individual patients with chronic illnesses.	
	SD, Q10	Overall we have a collaborative working relationship with health plan disease management programs.	
NPS2010	SK, Q32b	Do you use electronic tools to manage your patients' chronic conditions? *(Check all that apply.)*	o EMR / o Web sites / o Online CDM forms or programs / o E-mail / o Other
ISPCD	Access to Care and Caring for Patients – Q7	Does your practice routinely use written evidence-based treatment guidelines to treat the following conditions? • Diabetes • Depression • Asthma or Chronic Obstructive Pulmonary Disease (COPD) • Hypertension • ADHD	o Yes, routinely use guidelines / o No, do not routinely use guidelines / o No guidelines available / o Not applicable, do not see these patients

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Soutien communautaire – de groupe			
TransforMED - BPS	S - New Model Characteristics, Q67	Please describe your practice's use of referral systems for linking your patients to community programs (e.g., patient education classes, support groups, and/or individual counseling) in the following categories. *(Check all that apply.)*	o Tobacco Use / o Eating habits/Patterns / o Alcohol Use / o Asthma Management / o Physical Activity / o Diabetes Management / o Which community programs: _____
TransforMED - BPS	S - New Model Characteristics, Q74	Group visits (A meeting of patients with similar needs that is conducted by the physician and another clinical professional, involving patient education concerning areas of common concern to the group, as well as the management of individual health problems of group members.)	o Currently use / o Considering using / o Previously used
NSPOII	SC, Q49-51	Does your IPA provide staff to help physicians implement any of the following? **49.** primary care teams, by which we mean a group of physicians and other staff who meet with each other regularly to discuss the care of a defined group of patients and who share responsibility for their care. **50.** "advanced access" or "open access" scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen. **51.** group visits in which multiple patients with chronic illness meet together with a trained clinician to obtain routine medical care and to address educational and psychosocial concerns.	o Yes / o No "
NSPOII	SC, Q9-12 SC, Q12-16	Does your IPA provide data to your physicians on the quality of their care for patients with… (Q9-12) Does a PHO provide data to your IPA's individual physicians and/or to your IPA as a whole on the quality of their care for patients with… (Q12-16) **9./12**. Asthma? **10./13**. Congestive heart failure (CHF)? **11./14**. Depression? **12./15**. Diabetes?	o Yes / o No "
PCOS-NS	S1, Q6	Please indicate which of the following programs (e.g. self help groups, education sessions or workshops) are offered by your primary health care organization to groups of patients/clients (versus individual services). Please feel free to add comments to explain any of your answers. **Type of service:** • Specific programs to reduce tobacco use among your practice population • Specific programs to reduce unhealthy eating among your practice population • Specific programs to reduce problem alcohol drinking among your practice population • Specific programs to reduce physical inactivity among your practice population • Specific programs for people with diabetes • Specific programs for people with cardiovascular disease • Specific programs for people with cancer • Specific programs for people with asthma • Other specific programs; please describe:	o Yes / o No Comments "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de services et pratiques cliniques / Gestion de maladies spécifiques / Intervention en dépendance			
NSPOII	SG, Q12-15	Does your IPA have a written or formal policy regarding treatment of tobacco dependence stating that your physicians should… **12**. Implement a tobacco-user identification system in every practice? **13**. Document tobacco-use status in the medical record of every patient? **14.** Discuss with your IPA's patients who use tobacco their tobacco use, including advising them to quit? **15**. Provide information to your IPA's patients about methods and strategies to quit, and/or giving them information about medications to aid in smoking cessation?	o Yes / o No "
NSPOII	SG, Q16	Does your IPA have designated staff to coordinate and provide tobacco dependence treatments?	o Yes / o No
NSPOII	SG, Q17	Does your IPA receive financial incentives from Health Maintenance Organizations (HMOs) to improve performance on HEDIS smoking measures?	o Yes / o No
NSPOII	SG, Q18	Does your IPA evaluate the degree to which physicians provide smoking cessation interventions?	o Yes / o No
NSPOII	SG, Q19	Has your IPA used the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence published by the Public Health Service (PHS) to improve the way in which your IPA provides smoking cessation services?	o Yes / o No

5.4 DEGRÉ D'INTÉGRATION

L'importance de l'échange d'information, de la collaboration, de la coordination et de l'intégralité dans l'adaptation du traitement au patient tout au long des soins qui lui sont prodigués.

« L'échange d'information » renvoie au niveau de communication entre les intervenants tout au long des soins prodigués au patient.

Le terme « collaboration » renvoie spécifiquement à l'importance du travail d'équipe entre les omnipraticiens, les spécialistes et les autres professionnels de la santé afin d'offrir des soins optimaux aux patients.

La « coordination » concerne la prestation et l'organisation d'une combinaison de services et d'information grâce auxquels les intervenants peuvent répondre aux besoins des patients en matière de santé.

L'« intégralité » est la caractéristique d'une offre de services qui répond à une vaste gamme de besoins des patients en matière de santé tout au long de leurs expérience de soins.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Prestation de service et pratiques cliniques / Degré d'intégration / Échange d'information			
QUALICOPC	S- Patient turnover, Q36	If new patients enter your practice, do you normally receive their medical records from their previous doctor?	o Yes, always or usually / o Only occasionally / o Rarely or never
QUALICOPC	S - Collaboration, Q47	To what extent do you use referral letters (including details on provisional diagnosis and possible test results) when you refer patients to a medical specialist?	o I send letters for all referred patients / o I use letters for most referred patients / o I use letters for a minority of referred patients / o I seldom or never use referral letters
QUALICOPC	S - Collaboration, Q48	To what extent do medical specialists inform you after they have finished the treatment or diagnostics of your patients?	o (Almost) Always / o Usually / o Occasionally / o Seldom or never
QUALICOPC	S - Collaboration, Q49	After a patient has been discharged, how long does it take to receive a full discharge report from the hospital?	o 1-4 days / o 5-14 days / o 15-30 days / o More than 30 days / o I rarely or never receive a discharge report / o Don't know
ISPCD	Teams and Care Coordination - Q13	When your patient has been seen by a specialist or consultant, how often does the following occur? • You receive a report back from the specialist with all relevant health information • The information transfer is timely (i.e., available when it is needed)	o Always / o Often / o Sometimes / o Rarely / o Never
ISPCD	Teams and Care Coordination – Q14	After your patient has been discharged from the hospital, on average, how long does it take before you receive the information you need to continue managing the patient, including recommended follow-up care?	o Less than 48 hours / o 2 – 4 days / o 5 – 14 days / o 15 – 30 days / o More than 30 days / o Rarely or never receive adequate report
		How do you usually receive this information?	o Fax / o Mail / o Email / o Remote access / o Other
NAMCS - EMRS	Q21	Do you exchange patient clinical summaries electronically with any other providers?	o Yes, send summaries only / o Yes, receive summaries only / o Yes, send and receive summaries / o No / o Unknown
NAMCS - EMRS	Q21a	How do you electronically send or receive patient clinical summaries? *(Check all that apply.)*	o Through EMR/EHR vendor / o Through hospital-based system / o Through Health Information Organization or state exchange / o Through secure email attachment / o

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
			Other/Unknown
PCPSS	Q8	Do the clinicians at your practice site use a shared communication system (e.g., letters, phone calls) to contact patients who are due for… • Mammograms? / • Pap smears? / • Chlamydia screening? / • Colorectal cancer screening? <u>For patient with diabetes:</u> • Hemoglobin A1c testing? / • Cholesterol testing? / • Eye examination? / • Nephropathy monitoring? <u>For patient with coronary artery disease:</u> • Cholesterol testing? / • Beta-blocker use? <u>For patient with asthma:</u> • Appropriate medications? <u>For all patients, is there system to contact patients…</u> • After a hospitalization? / • Who had not had an appointment in the practice for an extended period (longer than clinically appropriate)?	o Yes / o No / o Don't know "
PCPSS	Q12	In a typical week at your practice site, approximately how often is it… • A problem to complete prior authorization requests for imaging studies? / • A problem to identify formulary-approved medications for patients? / • A problem to have medical records available at the time of office visit? / • A problem to track and follow up test results? / • A problem to communicate with specialists outside the practice?	o Never / o Rarely / o Sometimes / o Usually / o Always "
TransforMED - PCMHC	S - Health Information Technology, Q13	Is your practice connected to the health care community in these important ways?	o Internet access / o Quality reporting tools
Prestation de service et pratiques cliniques / Degré d'intégration / Collaboration			
NATMEDCA - Practice Q.	S - Access, Q6c	Does the practice # local GP organisation undertake any of the following? c. Inter-sectoral case management	o Yes / o No
PCPSS	Q26	How many of the primary care physicians at your practice use hospitalists to manage their patient while they are in a hospital?	o None / o Some / o Most / o All
NPS2010	SC, Q11	Please indicate with whom you REGULARLY REFER or HAVE COLLABORATIVE CARE ARRANGEMENTS (you work together to provide care to a common group of patients, with mutually agreed upon roles and responsibilities). *(Check all that apply.)* • Other family physicians • Other specialists. Please specify the three main other specialist types to whom you regularly refer patients or have a collaborative arrangement with: • Other health care providers. Please specify the three main health care providers to whom you regularly refer patients or have a collaborative arrangement with:	o Refer / o Collaborate " 1. _____ 2._____ 3. _____
Evolution	SB, Q23	In the building in which your clinic is located,… • Are services offered by medical specialists?	o Yes / o No If yes, how many different specialties are present? ____
		• To what extent do the general practitioners in your clinic collaborate (exchange, referrals) with the medical specialists located IN THE SAME BUILDING as your clinic?	o Quite a bit / o Somewhat / o A bit / o Not at all

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Evolution	SB, Q24	To what extent do the general practitioners in your clinic collaborate (exchange, referrals) with the medical specialists located elsewhere than in the same building where your clinic is?	o Quite a bit / o Somewhat / o A bit / o Not at all
Evolution	SB, Q27	In the building in which your clinic is located,… Are there any services offered by other health professionals (other than physicians)?	o Yes / o No If yes, how many different specialties are present? ____
		To what degree do the doctors in your clinic collaborate (exchange, referrals) with other health professionals located IN THE SAME BUILDING as your clinic?	o Quite a bit / o Somewhat / o A bit / o Not at all
Evolution	SB, Q28	To what degree do the doctors in your clinic collaborate (exchange, referrals) with other health professionals located elsewhere than in the same building where your clinic is?	o Quite a bit / o Somewhat / o A bit / o Not at all
TransforMED - BPS	S - New Model Characteristics, Q79	Team approach, where clinical staff are more involved in providing care	o Currently use / o Considering using / o Previously used
Prestation de service et pratiques cliniques / Degré d'intégration / Coordination et intégralité			
TransforMED - BPS	S - Practice Characteristics, Q41	Do clinicians in your practice have hospital admission and procedure privileges?	o All / o Some / o None
Evolution	SB, Q22	How is care coordinated among clinic professionals? • Informal or ad hoc exchanges • Pre-established care protocols for specific client groups or problems • Case discussion meetings (statutory meetings) • Continuing medical education sessions	o Always / o Often / o Sometimes / o Never / o Doesn't apply because only 1 doctor in the clinic
PCPSS	Q13	Does your practice have… • Agreements with community service agencies (e.g., health departments) to enhance services for any of your patients? • A referral system for linking any of your patients to community programs?	o Yes / o No / Don't know
Evolution	SB, Q25	Where are your clinic's patients sent when they need to see specialists? • To a private specialists office • To a hospital or hospital out-patient clinic • To a hospital emergency room	o Always / o Often / o Sometimes / o Never "
ISPCD	Teams and Care Coordination – Q12	Is your practice part of a network of other practices who share resources for managing patient care? This could include nurses.	o Yes / o No
PCOS-NS	S4, Q16	(i) Does your primary health care organization currently coordinate patient care with other health care organizations? If Yes: (ii) Does your organization use standardized clinical protocols or assessment tools to coordinate patient care? (iii) If yes, please briefly describe a few examples.	(i) o Yes / o No (ii) o No / o N/A / o Yes

6. RENDEMENT ET RÉSULTATS ORGANISATIONNELS

6.1 ACCESSIBILITÉ

La facilité avec laquelle une personne peut commencer à établir un contact et obtenir les soins nécessaires, de même que les délais qui s'appliquent.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Rendement et résultats organisationnels / Accessibilité / Rendez-vous et listes d'attente			
NAMCS - PIIF	S2 - Q29a	Roughly, what percent of your daily visits are same day appointments?	____%
ISPCD	Access to Care and Caring for Patients – Q5	What proportion of your patients who request a same- or next-day appointment can get one?	o Almost all (> 80%) / o Most (60-80%) / o About half (~50%) / o Some (20-40%) / o Few (< 20%) / o Don't know
NAMCS - PIIF	S2 - Q29c	On average, about how long does it take to get an appointment for a routine medical exam?	o Within 1 week / o 1-2 weeks / o 3-4 weeks / o 1-2 months / o 3 or more months / o Do not provide routine medical exams / o Don't know
TransforMED - MHVSA	S - Access to Care and Information, Q6	On average, 60 percent of each day in my practice's schedule is available for same day appointments.	o Yes / o No
PCPSS	Q24	For a new patient, what is the approximate wait for a routine visit with a primary care physician?	o Less than 1 week / o 1-2 weeks / o 1-2 months / o 3-5 months / o 6 months or more
PCPSS	Q25	For an established patient requesting an appointment for a non-urgent issue, what is the approximate wait?	o Less than 1 week / o 1-2 weeks / o 1-2 months / o 3-5 months / o 6 months or more
NPS2010	SD, Q14a	Typically, if a patient contacts your office or is referred to you, how long would that patient wait until the first available appointment WITH YOU OR YOUR PRACTICE?	**Urgent:** o Same day / o Days: (#) / o Unsure / o Not applicable **Non-urgent**: o Same week / o Weeks: (#) / o Unsure / o Not applicable
IMEPHC	S11, Q2	If a patient called for an appointment today… • What is the next available appointment with any Family Physician or Nurse Practitioner at the Family Health Team (FHT)? • What is the 3rd next available appointment with any Family Physician or Nurse Practitioner at the FHT?	
Evolution	SB, Q6	In general, when a patient contacts your clinic, how long does the patient have to wait (in days) before seeing a doctor… • In an emergency situation? • In a non-emergency situation?	___ days "
ISPCD	Practice Profile and Demographic Data – Q33	What percent of all your face-to-face patient visits during the past week do you think could have been handled over the phone or by email?	o Less than 10% / o 10-19% / o 20-29% / o 30% or more
Evolution	SB, Q5	At your clinic, when a patient has an urgent problem, can he or she be seen… • Between scheduled appointments on the same day? • On the same day during a time slot reserved for emergency cases (e.g. before or after seeing your patients who have appointments)?	o Always / o Often / o Sometimes / o Never

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Rendement et résultats organisationnels / Accessibilité / Nouveaux patients			
NAMCS - PIIF	S2 - Q28a	Are you currently accepting "new" patients into your practice?	o Yes / o No / o Don't know
PCOS - NS	S1, Q4	Is your primary health care organization currently accepting new patients? *(Please circle one answer.)*	o Yes / o No
QUALICOPC	S - Conditions for entrance, Q59	Which restrictions do you apply on taking new patients? *(More than one answer possible.)*	o No restrictions (everyone is accepted) o No new patients are taken above a maximum number o No new patients are taken above certain age o No new patients are taken outside geographical working area o I use a wait period for new patients o Acceptance depends on patients' medical history o Other conditions
NFPWS2001	S-Practice Profile, Q11	To what extent are you accepting new patients into your MAIN practice? *(Please check all that apply.)*	o No restrictions; practice is open to all new patients o Closed, but will accept new referrals from other physicians o Closed, but will accept family members of current patients o Closed, but will accept friends of current patients o Closed to patients within certain age ranges. Please specify: o Closed to patients with certain types of medical problems. Please specify: o Closed, but will accept patients with certain types of medical problems. Please specify: o Closed, but will accept patientso for other reason(s). Please specify: o Completely closed
NPS2010	SD, Q14b	To what extent is your practice accepting new patients into your MAIN patient care setting? *(Please check only ONE.)*	o No restrictions; practice is open to all new patients o Partially closed. Please estimate the number of new patients you accepted into your practice in the last 12 months: o Completely closed o Does not apply to my practice setting
IMEPHC	S9, Q1	• Is anyone in your practice accepting new patients? • If Yes, does your practice have criteria for accepting new patients • If yes, please list these: _____ Provide example: e.g. housebond, multiple chronic illneses, must be a family member of an existing patient, very healthy….Other	o Yes / o No "
CPCQ	S - Practice Profile, Q9	Please rate the availability of family physicians accepting new patients in your clinic.	o Excellent / o Very Good / o Good / o Fair / o Poor

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Evolution	SB, Q2	Is your clinic currently accepting new patients for management and follow-up? *(Check a single answer only.)*	o Our clinic accepts all new patients who ask / o Our clinic accepts new patients BASED ON CERTAIN CONDITIONS only. Please answer question 2.1 / o Our clinic doesn't accept any new patients
		What are these conditions? *(Check all that apply.)*	o Must be a family member of a followed patient at the clinic / o Must be referred by another doctor / o Must be a vulnerable patient (as defined by the RAMQ) / o Must be an orphan patient / registered on an access list (e.g. guichet d'accès) / o Other (Specify: _____)
Evolution	SB, Q4	To what patient do you offer walk-in services?	o All the patients that present / o Only patients that have a medical record at the clinic (under a doctor's name) / o Doesn't apply because we don't offer walk-in services
Rendement et résultats organisationnels / Accessibilité / Initiatives de soins			
QUALICOPC	S - Conditions for entrance, Q60	Do you provide health care to people, when you are not remunerated for this (for instance uninsured, illegal immigrants)?	o Yes / o Only in urgent cases / o No / o No such people show up in my practice / o Not applicable (in this country care for uninsured is remunerated)
QUALICOPC	S - Patient access, Q35	Do you do the following to reduce financial obstacles to deprived patients: • Provide free samples of medication / • Prescribe the cheapest equivalent medicine / • Not charge the patient (e.g. for co-payments) / • Refer the patient to low cost or free secondary health care	o Always / o Mostly / o Rarely / o Never "
TransforMED – Baseline Practice Survey	S – Practice Demographics, Q18	In an average week of work, for how many patients did your practice provide free or discounted care because of limitations of the patient's financial statuts (exclude Medicaid and Medicare patients)?	
ISPCD	Q3	In general, do you think the quality of medical care your patients receive throughout the health care system has improved, has become worse, or is it about the same as it was three years ago?	o Improved / o Worse / o About the same
ISPCD	Access to Care and Caring for Patients – Q4	How often do you think your patients experience the following? • Have difficulty paying for medications or other out-of-pocket costs / • Have difficulty getting specialized diagnostic tests (e.g., CT imaging, mammogram, MRI) / • Experience long waiting times to see a specialist or consultant / • Experience long waiting times to receive treatment after diagnosis	o Often / o Sometimes / o Rarely / o Never
PPQCS	Q28	At your practice site, for approximately what percentage of patient visits is no payment expected or received (i.e., "charity" care)?	_____% or o Don't know
Rendement et résultats organisationnels / Accessibilité / Soutien après les heures normales de bureau			
NFPWS2001	S - Access to care, Q28	Do your patients have access 24 hours/day, 7 days/week, 365 days a year to telephone advice from a physician or nurse associated with your practice?	o Yes / o No
NPS2010	SD, Q13	*Please rate your accessibility to the following on behalf of your patients.* Cancer care services / Cardiac care services / Palliative medicine services / Anesthesia services / Operating room time / Emergency room/department services / Critical care beds / Long-term care beds (e.g., nursing home, chronic care, etc.) / Hospital in-patient care on an urgent basis / Hospital care for elective procedures / Routine diagnostic services (e.g., lab, x-rays, etc.) / Advanced diagnostic services (e.g., MRI, CT, etc.) / Drugs and appliances / Other, please specify:_____	o Excellent / o Very good / o Good / o Fair / o Poor / o Not available / o Don't know"

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		• Other specialist physicians (in general). Please indicate the top three specialties with whom you most commonly interact, and rate their accessibility:_____ • Other health professionals (in general). Please indicate the top three health professions with whom you most commonly interact, and rate their accessibility:_____	
COMP-PC	S2, Q3-a,b	Outside of regular office hours does your practice or network provide on-call service over and above the Ontario Telephone Health Advisory System?	o No / o Yes (Continue to questions a. and b.)
		a. If yes, when your practice site is closed during the day (e.g. Saturday or Sunday) and patients get sick, would someone from your practice site/network be able to see them that day?	o Yes, care and advice provided by the practice's primary care team members / o Yes, care and advice provided through shared arrangements with other practices / o No / o Not sure/Don't know / o Not applicable
		b. When your practice site is closed during the evening or night and patients get sick, would someone from your practice site/network be able to see them that evening or night?	o Yes, care and advice provided by the practice's primary care team members / o Yes, care and advice provided through shared arrangements with other practices / o No / o Not sure/Don't know / o Not applicable
Rendement et résultats organisationnels / Accessibilité / Sensibilité aux réalités culturelles			
PCPSS	Q27	Does your practice site have on-site language interpreters?	o Yes / o No
PCPSS	Q28	Do one or more clinicians at your practice site speak a language other than English while delivering patient care?	o Yes / o No
NPS2010	SC, Q8	What languages do you speak with your patients? *(Check all that apply.)*	o English / o French / o Other(s):
IMEPHC	S4, Q5	Please indicate in which languages your organization can provide care to the population you serve.	o English / o French / o Arabic / o Chinese / o First Nations languages (e.g., Cree) / o German / o Greek / o Hungarian / o Inuit languages (e.g., Inuktituk) / o Italian / o Korean / o Persian (Farsi) / o Polish / o Portuguese / o Punjabi / o Spanish / o Tagalog (Filipino) / o Ukrainian / o Vietnamese / o Other_____
COMP-PC	S2, Q8	Does your practice site use any of the following methods to address the cultural diversity in your patient population? (Please check one in each item.) • Training of staff by outside instructors • In-service programs presented by staff • Use of culturally-sensitive materials/pamphlets (language, visual, images, religious customs) • Hire staff that reflect the cultural diversity of the population served • Use the services of translators/interpreters • Planning of services that reflect cultural diversity • Other (please specify) _____	o Definitely (always) / o Probably (usually) / o Probably not (rarely) / o Definitely not (never) / o Not sure, don't know "
BEACH - GP	Q6	Do you conduct any of your consultations in a language other than English?	o No / o Yes 25-50% / o Yes <25% / o Yes >50%

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - PEC	S - Cultural Sensitivity, Q64-69	**64.** People in this practice believe cultural issues are important in their interaction with patients. **65**. People in this practice believe cultural issues are important in their interactions with health professional colleagues. **66.** People in this practice are comfortable caring for patients from culturally diverse backgrounds. **67.** People in this practice are comfortable working with health care professional from culturally diverse backgrounds. **68** People in this practice are aware of the factors underlying healthcare disparities. **69**. People in this practice believe this practice provide culturally sensitive care.	Please indicate how strongly you agree or disagree with each statement. o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
Rendement et résultats organisationnels / Accessibilité / Moyennes de visites médicales			
NAMCS - EMRS	Q10	During your last normal week of practice, approximatively how many office visits did you have at the reporting location? (A normal week would be one with a normal case load, with no holidays, vacations or conferences.)	_____ office visits
TransforMED - BPS	S - Patient Demographics, Q11	Please describe patient visits for your practice. (Please provide a numerical response) What is the approximate number of patient visits per clinician per year at this practice? Source of estimates: (1=EMR, 2=billing data, 3= best guess)	
TransforMED - FS	Q19	Please give your best estimate on the monthly average of patient visits for the practice during the last 12 months?	
PPQCS	Q35	Between 2005 and 2006, to the best of your knowledge what was the approximate change in the total number of patient visits for your practice (i.e., approximate change in total RVUs for the year)?	o Decrease: o >5% / o 3-5% / o 1-3% o No change o Increase: o 1-3% / o 3-5% / o >5%
PCPSS	Q35	During 2010, approximately how many patients received primary care from practice site?	*Please count each patient only once, no matter how much care he or she received.* _____= number of patients or o Don't know
NPS2010	SD, Q14d	Please estimate the number of patients you see in a TYPICAL WEEK, EXCLUDING patient visits while you are on-call (on-call is defined as time outside of regularly scheduled activity during which you are available to patients):	Number of patients you see per week: _____ patients
NATMEDCA - PQ	Q15	Average number of day-time patients per week	
ISPCD	Practice Profile and Demographic Data - Q31	About how many patients do you see in a typical week of practice? *(Your best estimate will do.)*	

6.2 FONCTIONNEMENT ET CLIMAT

Cette catégorie regroupe les éléments liés au climat organisationnel en ce qui concerne l'interaction et la satisfaction de tous les intervenants d'une clinique.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Rendement et résultats organisationnels / Fonctionnement et climat / Cohésion d'équipe et partage d'idées			
TransforMED - PEC	S - Heedfull Interactions, Q10-11	Please indicate how strongly you agree or disagree with each statement : **10**. People in this practice understand how their jobs fit into the rest of the practice. **11**. People are aware of how their actions affect others in this practice.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - PEC	S - Respectful Interaction, Q13-15	Please indicate how strongly you agree or disagree with each statement : **13**. Most people in this practice are willing to change how they do things in response to feedback from others. **14**. Opinions are valued by others in this practice. **15**. People in this practice are comfortable telling others what they really think.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - PEC	S - Diversity, Q17-20	Please indicate how strongly you agree or disagree with each statement : **17**. Everybody in this practice tends to think the same about important issues. **18**. People in this practice actively seek out the opinion of others. **19**. This practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas. **20**. People in this practice are able to disagree but still get along with each other.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
SOAPC	S - Communication, Q1-4	Please indicate how strongly you agree or disagree with each statement : **1**. When there is a conflict in this practice, the people involved usually talk it out and resolve the problem successfully **2**. Our staff has constructive work relationships **3**. There is often tension between people in this practice **4**. The staff and clinicians in this practice operate as a real team	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
SOAPC	S - Decision making, Q5-12	Please indicate how strongly you agree or disagree with each statement : **5**. This practice encourages staff input for making changes and improvements **6**. This practice encourages nursing and clinical staff input for making changes and improvements **7**. All of the staff participates in important decisions about the clinical operation **8**. Practice leadership discourages nursing staff from taking initiative **9**. This is a very hierarchical organization; decisions are made at the top with little input from those doing the work **10**. The leadership in this practice is available for consultation on problems **11**. The practice defines success as teamwork and concern for people **12**. Staff are involved in developing plans for improving quality	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
NSPOII	SH, Q1-4	To what extent do you believe that the majority of the physicians in your IPA would agree with each of the following four statements? **1**. To what extent would they agree that the IPA is a lot like an extended family where people are warm, caring, and loyal; interested in developing each other's potential; and with a fair distribution of rewards? **2**. To what extent would they agree that the IPA is dynamic with people willing to try new things; an emphasis on being first; an emphasis on growth; with the most	o Strongly Disagree / o Disagree / o Neither Agree nor Disagree / o Agree / o Strongly Agree "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		innovative ideas and actions being the most rewarded? **3**. To what extent would they agree that the IPA is very formalized and structured with an emphasis on rules and regulations, and maintaining stability; and with rewards based mostly on one's rank or position within the organization? **4**. To what extent would they agree that the IPA is very task-oriented and achievement-oriented with leaders helping people meet the organization's goals and objectives and with rewards primarily based on the achievement of those goals and objectives?	
IDCP2D	S1, Q1	Generally, in this practice … • We have a 'We are in it together' attitude • People keep each other informed about work- related issues in the primary care team • People feel understood and accepted by each other • There are real attempts to share information throughout the team • People in this team are always searching for fresh, new ways of looking at problems • We take the time needed to develop new ideas • People in the team co-operate in order to help develop and apply new ideas	Strongly disagree Strongly agree 1 2 3 4 5 6 7
IDCP2D	S1, Q2	Generally, in this practice … • How far are you in agreement with your team's objectives? • To what extent do you think your team's objectives are clearly understood by other members of the team? • To what extent do you think your team's objectives can actually be achieved? • How worthwhile do you think these objectives are to the team?	Not At All Completely 1 2 3 4 5 6 7
IDCP2D	S1, Q3	Generally, in this practice … • Are team members prepared to question the basis of what the team is doing? • Does the team critically appraise potential weaknesses in what it is doing in order to achieve the best possible outcome? • Do members of the team build on each other's ideas in order to achieve the best possible outcome?	To a very little extent To a very great extent 1 2 3 4 5 6 7
IDCP2D	S1, Q5	In this General Practice … • Primary care team members consider your viewpoint. • Primary care team members are able to suppress personal biases. • Primary care team members provide you with timely feedback about a decision and its implications. • Primary care team members treat you with kindness and consideration. • Primary care team members show concern for your rights as a clinician. • Primary care team members take steps to deal with you in a truthful manner. • Primary care team members consider your viewpoint.	Strongly disagree Strongly agree 1 2 3 4 5 6 7
IDCP2D	S1, Q6	Within my primary care team, team members … • Help each other out if someone falls behind in his/her work. • Are willing to share their expertise with other members of the team • Try to act as peacemakers when other team members have disagreements • Take steps to try prevent problems with other team members • Are willing give their time to help team members who have work related problems	Strongly disagree Strongly agree 1 2 3 4 5 6 7

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
		• "Touch base" with other team members before initiating actions that may affect them • Encourage each other when someone is down • Provide constructive suggestions about how the team can improve in effectiveness • Are willing to risk disapproval to express their beliefs about what is best for the team • Attend and actively participate in team meetings • Always focus on what is wrong with our situation, rather than the positive side • Consume a lot of time complaining about trivial matters • Always find faults with what other team members are doing	
CPORC	S - Organizational Conflicts and Politics Q1,3,4	Please indicate how strongly you agree or disagree with each statement : **1.** Mutual trust and cooperation among nursing staff in our unit is strong (reversed item). **3.** The climate in our unit is mainly characterized by conflicts and disputes. **4.** Staff frustration is common in our unit.	Strongly disagree Strongly agree 1 2 3 4 5 6 7
TransforMED - PEC	S - Social and Task Interaction, Q25-26	Please indicate how strongly you agree or disagree with each statement : **25.** Staff rarely get together to talk about their work. **26.** People in this practice regularly talk about their personal lives.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
PCOS-NS	S4, Q13	Does your primary health care organization have a collaborative practice agreement (e.g. description of roles, accountabilities, etc.) for the primary health care team? If Yes, please briefly describe your collaborative practice arrangement (e.g., how many and what type of providers)?	o Yes / o No
PCOS-NS	S4, Q14	Do the members of your primary health care team use any of the following mechanisms to support collaboration within the team? *(Please feel free to add comments to explain any of your answers.)* **Mechanism** • Regular team meetings for organizational administration • Regular team meetings for case management • Joint goal setting • Shared vision for the primary care organization • Team building sessions or workshops • Other; please describe:	o Yes / o No Comment "
Rendement et résultats organisationnels / Fonctionnement et climat / Bien-être du personnel			
TransforMED - PEC	S - Work Environment-General, Q47-52	Please indicate how strongly you agree or disagree with each statement : **47.** Most of the people who work in this practice seem to enjoy their work. **48.** Working in this practice is stressful. **49.** Work expectations are clear. **50.** People have what they need to do their work well. **51.** People receive frequent and helpful feedback about their work. **52.** People in this practice believe they have many opportunities to grow in their work.	o Strongly Disagree / o Disagree/ o Neutral / o Agree / o Strongly Agree "

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
SOAPC	S - Stress/chaos Q13-18	Please indicate how strongly you agree or disagree with each statement : **13.** It's hard to make any changes in this practice because we are so busy seeing patients **14.** The staff members of this practice very frequently feel overwhelmed by the work demands **15.** The clinicians in this practice very frequently feel overwhelmed by the work demands **16.** Practice experienced as ''stressful'' **17.** This practice is almost always in chaos **18.** Things have been changing so fast in our practice that it is hard to keep up with what is going on	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
IDCP2D	S1, Q7	Generally ... • My job allows me to make a lot of decisions on my own • I have a lot of say about what happens in my job • In my job, I have very little freedom to decide how I do my work • My job requires me to be creative • My job involves a lot of repetitive tasks • My job requires a high level of knowledge and skills • My job requires that I learn new things • I get to do a variety of different clinical tasks in my job • I have an opportunity to develop my own special abilities • My job requires working very fast • My job requires working very hard • I have to do an excessive amount of work • I have enough time to get the job done	Strongly disagree Strongly agree 1 2 3 4 5 6 7
IDCP2D	S1, Q9	Have you recently … • Been able to concentrate on whatever you're doing? • Lost much sleep over worry? • Felt that you are playing a useful part in things? • Felt capable of making decisions about things? • Felt constantly under strain? • Felt you couldn't overcome your difficulties? • Been able to enjoy your normal day-to-day activities? • Been able to face up to your problems? • Been feeling unhappy and depressed? • Been losing confidence in yourself? • Been thinking of yourself as a worthless person? • Been feeling reasonably happy, all things considered?	o Much less than usual / o Same as usual / o More than usual / o Much more than usual
ISPCD	Q2	Overall, how satisfied are you with practicing medicine?	o Very satisfied / o Satisfied / o Somewhat dissatisfied / o Very dissatisfied
IDCP2D	S1, Q10	Over the PAST 12 months: How many episodes of sickness/illness have you had that resulted in you being absent from work?	Number of episodes …………………
IDCP2D	S1, Q11	Over the PAST 12 months: How many days in total were you absent from work due to sickness/illness?	Total number of days absent …………

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IDCP2D - TIS	S - Structure, Q14	What is the rate of staff absence due to illness or sickness within your practice for: • GPs? (per person) • Nurses (employed)? (per person) • Administrative staff? (per person)	Days absent .... How many episodes...... "

6.3 VIABILITÉ ET EFFICACITÉ

La viabilité d'une clinique se mesure à sa capacité à répondre adéquatement à la demande de services, à exploiter la clinique de façon rentable et à soutenir le développement à long terme de la clinique.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Rendement et résultats organisationnels / Viabilité et efficacité / Viabilité financière			
TransforMED - BPS	S - Practice Characteristics, Q56	In the past three years, has your practice experienced a:	o Large financial gain / o Small financial gain / o No change / o Small financial loss / o Large financial loss
TransforMED - BPS	S - Practice Characteristics, Q57	What is the approximate percentage overhead, including rent and all employee salaries (total operating costs as a % of total medical revenue)?	o <25% / o 30% / o 40% / o 50% / o 60% / o 70% / o >70%
TransforMED - FS	Q4	Which of the following best describe the profitability of your practice during the most recent 12 months?	A. The practice made a substantial profit / B. The practice made a small profit / C. The practice broke even / D. The practice had a slight loss / E. The practice had a significant loss / F. I don't have the details If choice "F" was selected, please explain _____
TransforMED - FS	Q5	Which of the following statements best describes your concern about the long term financial condition of your practice?	A. No concern for the foreseeable future / B. Slight concern / C. Major concern If choices "B" or "C" were selected, please explain _____
TransforMED - FS	Q6	During the most recent 12 months have any paychecks been delayed or eliminated for any practice staff, including clinicians, due to financial constraints on the practice?	o Yes / o No
TransforMED - FS	Q7	During the most recent 12 months have any physicians received less than expected monthly income?	o Yes / o No
TransforMED - FS	Q8	During the most recent 12 months have any vendor payments been postponed due to cash flow concerns?	o Yes / o No
TransforMED - FS	Q11	When was the last time your practice gave most of your staff members a raise (for any reason)?	A. This year / B. Last year / C. Before last year / D. Not sure If choice "D" was selected, please explain. _____
TransforMED - FS	Q12	In the past 12 months, has your practice: *(Check all that apply.)*	o Delayed capital expenditures / o Invested in new capital expenditures / o Taken on new debt for capital expenditures / o Taken on new debt to cover operational expenses / o None of the above / o Don't know
PPQCS	Q30	Over the past 2 years, how has the overall financial situation of the practice site changed?	o Much worse / o Somewhat worse / o No change / Don't know / o Somewhat better / o Much better
PPQCS	Q36	Between 2005 and 2006, to the best of your knowledge what was the approximate change in the clinical income of your practice?	o Decrease: o >5% / o 3-5% / o 1-3% o No change o Increase: o 1-3% / o 3-5% / o >5%
NPS2010	SC, Q9	What percentage of your gross professional income goes towards running your practice (e.g., part-time or full-time staff, leases/rent/mortgage, equipment leasing/rental, personal benefits, vehicle costs, professional fees, malpractice dues, other overhead expenses)?	____% o Not Applicable

6.4 RÉCEPTIVITÉ AU CHANGEMENT ET CAPACITÉ D'ADAPTATION

Cette catégorie regroupe les éléments liés à la capacité de l'organisation à répondre aux besoins changeants de la population tout en tenant compte des transitions démographiques, épidémiologiques et sanitaires de la communauté. L'aptitude de l'organisation à répondre adéquatement aux réformes en cours figure également dans cette catégorie.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Rendement et résultats organisationnels / Réceptivité au changement et capacité d'adaptation			
TransforMED - PEC	S - Learning Culture, Q39-42	Please indicate how strongly you agree or disagree with each statement : **39.** This practice learns from its mistakes. **40.** It is hard to get things to change in this practice. **41.** This practice tends to be very flexible. **42.** This practice likes to be on the cutting edge of new ideas.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - PEC	S - Kotter's Practice Change Factors, Q91-98	Please indicate how strongly you agree or disagree with each statement : **91**. There is a strong sense of urgency about needing to change how the practice does its work. **92.** Leadership strongly supports practice change efforts. **93**. This practice has a clear, expressible vision. **94.** There is frequent and good communication throughout the practice about how the different change initiatives are going. **95.** Everyone in the practice feels able to act on the practice vision. **96.** The practice has experienced many past changes successes. **97**. The practice appears to let setbacks and problems stop its change efforts. **98**. Once this practice implements a change, the change tends to stick.	o Strongly Disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
CPORC	S - Organizational History of Change 1-3	**1**. Our unit has successfully implemented other technological changes in recent years. **2.** Nursing staff in our unit have had negative experiences with technological projects in the past (reversed item). **3.** Our unit is usually successful when it undertakes all types of changes.	Strongly disagree Strongly agree 1 2 3 4 5 6 7
CPORC	S - Organizational Flexibility 1-3	**1.** Our unit is structured to allow superiors to make changes quickly. **2.** It is easy to change procedures in our unit to meet new conditions. **3.** Getting anything changed in our unit is a long, time-consuming process.	Strongly disagree Strongly agree 1 2 3 4 5 6 7
CPORC	S - Organizational Readiness 1-4	**1**. I believe SyMO[a] can be successfully implemented in our unit. **2.** Managers should delay the deployment of SyMO in our unit (reversed item). **3.** The deployment of SyMO in our unit is timely. **4.** Our unit is ready to take on this technological change.	Strongly disagree Strongly agree 1 2 3 4 5 6 7
TransforMED - MHVSA	S - Change Management, Q12	Does your practice have the resources and existing infrastructure to commit to planning, managing change, and training employees to adapt to change?	o Yes / o No
TransforMED - BPS	S - Application Questions, Q95	What do you anticipate will be the most difficult challenge your practice will have in implementing the New Model?	

[a]   Un outil informatisé de planification et de suivi de la clientèle.

7. CONTEXTE ORGANISATIONNEL

7.1 CARACTÉRISTIQUES DÉMOGRAPHIQUES

Cette catégorie comprend les détails liés aux caractéristiques de la population et des patients desservis par la clinique. Une distribution est effectuée en fonction de l'âge, du sexe, du groupe ethnique et des déterminants spécifiques à la santé de la population. Les statistiques concernant les besoins particuliers en matière de soins de santé et les questions liées à la santé publique identifiées chez la population et les patients de la clinique font également partie de cette section.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Contexte organisationnel / Caractéristiques démographiques / Taille de la population de pratique			
TransforMED - BPS	S - Practice Demographics, Q8	Size of the community in which your practice is located:	o <5,000 not within 25 miles of a major city / o <5,000 within 25 miles of a major city / o 5,000 – 10,000 not within 25 miles of a major city / o 5,000 – 10,000 within 25 miles of a major city / o 10,001 – 25,000 not within 25 miles of a major city / o 10,001 – 25,000 within 25 miles of a major city / o 25,001 – 100,000 / o 100,001 – 500,000 / o 500,000
QUALICOPC	S - Your practice, Q5	What is the (estimated) size of your practice population? If you do not have a formal list, please estimate the number of people that normally rely on you for primary medical care (in a joint practice: estimate your share of the population).	Number of patients: ____
IMEPHC	S3, Q2	Please estimate the number of patients served by your practice.	_____ patients
IMEPHC	S3, Q3	Please indicate what percentage of your population is registered / roistered.	_____%
IDCP2D - TIS	S - Practice Demographics, Q4	What is the patient list size for your practice? ……………..	
NPS2010	SD, Q14c	Approximately how many patients are in your practice?	_____ patients or o NA
Contexte organisationnel / Caractéristiques démographiques			
NATMEDCA - Practice Q.	S - Patient Demographics, Q12	Please indicate the approximate percent of your patients that fall into the following gender categories. Source of estimates: (1=EMR, 2=billing data, 3= best guess)	• Female: _____% • Male: _____%
NFPWS2001	S-Practice Profile, Q7	Approximately what proportion of your patients is female?	___%
TransforMED - BPS	S - Patient Demographics, Q13	Please indicate the approximate percent of your patients that fall into the following age categories. *(Must total 100%.)* Source of estimates: (1=EMR, 2=billing data, 3= best guess)	____Under 3 years / ____3-17 years / ____18-24 years / ____25-44 years / ____45-64 years / ____65-74 years / ____75 years & older
PCPSS	Q15	Approximately what percentage of the patients seen at your practice site are younger than 18?	o Less than 10% / o 10-25% / o 25-50% / o More than 50%
NSPOII	SA, Q9	Is your IPA's patient population mainly adult, mainly pediatric, or both?	o Mainly adult / o Mainly pediatric / o Both
IDCP2D - TIS	S - Practice Demographics, Q5	What is the % of patients on this list who are >65 years of age? ……………..	

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
TransforMED - BPS	S - Patient Demographics, Q14	Please give the approximate percentage of your patients in the following racial categories. (Must total 100%)	____White / ____Black / African American / ____Native American, American Indian / ____Alaska Native / ____Asian or Pacific Islander / ____Other
TransforMED - BPS	S - Patient Demographics, Q15	Please indicate the approximate percentage of your patients that are of Hispanic/Latino ethnicity	
QUALICOPC	S - Your practice, Q6	To what extent do you think your practice population deviates from the usual national level with respect to the following categories: 1. Elderly people (over 70 years) 2. Socially deprived people 3. Immigrants	o Below average / o Average / o Above average / o Don't know "
IDCP2D - TIS	S - Practice Demographics, Q6	What proportions of the patients registered with your practice are: How often do you need to use interpreters? ……………..	White British …………….. / Black British …………….. / British Asian …………….. / British Chinese …………….. / British Other ethnicity …………….. / Non-British ……………..
NPS2010	SE, Q16	Please indicate if you care for the following. *(Please check all that apply.)* • Neonates (<1 month) / • Infants (1-12 months) / • Children (1-11 years) / • Adolescents (12-19 years) / • Women / • Pregnant women / • Men / • Aged 65-74 / • Aged 75 – 89 / • Aged 90 and over / • Aboriginal peoples / • Ethnic minorities / • Recent immigrants / • People living in poverty• Homeless• Street Involved / • Gay/Lesbian/Bisexual/Transgender / • Transient/seasonal populations / • Patients with hypertension / • Patients with diabetes / • Patients with heart disease/conditions / • Patients with mental illness / • Patients with obesity /• Patients with cancer / • Patients with neurological conditions / • Patients with respiratory conditions / • Patients with HIV/AIDS / • Patients with addictions / • Patients with permanent physical disabilities / • Other, please specify:	o I provide health care for these patients o This patient population represents more than 10% of my practice population"
NPS2010	SH, Q23 Part 1	Please indicate which of the following factors are increasing the demand for your time at work. *(Check all that apply.)*	o Aging patient population / o Increasing complexity of patient caseload / o Management of patients with chronic diseases/conditions / o Increasing patient expectations
PCOS-NS	S2, Q9	Does the population served by your primary health care organization have unique cultural and/or racial characteristics or spiritual needs? **If yes:** (i) In what ways is the population unique?	o No, the population is typical of the province o Yes, the population is unique culturally
		(ii) Does your primary health care organization have a good understanding of how the cultural qualities of the population impact their health care needs?	o Yes, we monitor these needs through: o No, we need to:

7.2   ENVIRONNEMENT ORGANISATIONNEL ET INTÉGRATION DE LA PRATIQUE

L'environnement organisationnel définit le contexte médical. Les éléments comme la distance entre les infrastructures de soins de santé, la présence de programmes de santé qui coordonnent les différentes institutions, la présence d'une faculté de médecine, de même que l'existence de liens officiels ou non officiels entre les organisations au niveau de la communauté sont inclus dans cette catégorie.

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Contexte organisationnel / Environnement organisationnel et intégration de la pratique / Environnement organisationnel			
NATMEDCA - Practice Q.	S -Site information, Q24a	What is the geographical location of the practice?	o Large city (>500k pop.) / o City (100-500k pop.) / o Town (30-100k pop.) / o Small Town (<30k pop.)
NATMEDCA - Practice Q.	S –Site information, Q24bc	**b**. Is the practice in a rural location? **c**. If yes, what is the rural ranking score?	b. o Yes / o No (If no, go to question 25) c. _____ score (see enclosed rural ranking score sheet)
NATMEDCA - Practice Q.	S -Site information, Q25	Is the practice in the central business disctrict?	o Yes / o No
QUALICOPC	S - Your practice, Q4	How would you characterise the place where you are currently practicing?	o Inner part of a big city / o Suburban or outskirts of big city (smaller) town / o Mixed urban-rural /o Rural
IDCP2D - TIS	S - Practice Demographics, Q1	Is the location of your practice urban or rural?	o Rural / o Urban
ISPCD	Practice Profile and Demographic Data – Q35	Where is your practice located?	o City / o Suburban / o Small town / o Rural
NPS2010	SC, Q7b	With respect to your MAIN patient care setting specified in 4b, describe the population PRIMARILY served by you in your practice. (*Please check only one.*)	o Small town / o Inner city / o Rural / o Urban/Suburban / o Geographically isolated/Remote / o Cannot identify a primary population / o Other:
NPS2010	SH, q23 part2	Please indicate which of the following factors are increasing the demand for your time at work. (*Check all that apply.*)	o Increasing administrative workload/paperwork o Lack of availability of local/regional physician services in my specialty o Lack of availability of local/regional physician services in other specialties o Lack of availability of other local/regional health care professional services o Medical liability concerns o Other, please specify: o None of the above
NFPWS2001	S - Access to care, Q24	Please rate the situation regarding availability of medical care services within your practice community:	o No problems / o Minor problems / o Moderate problems / o Severe problems

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
COMP-PC	S1, Q4	To better understand the community that you are serving, please indicate the types of institutions/professionals servicing your community, and record the distance from the nearest one to your practice site. *(Please check for each category.)* • Hospital (any community or secondary hospital) / • Tertiary hospital (University/Referral Hospital) / • Nursing home (residence or long term care) / •	Distance: o In our practice o Same Building (but not our practice)* o < 1 km
IMEPHC	S2, Q1	Walk in clinic / • Community Health Centre / • Community Care Access Centre / • Other family practice office(s) / • Laboratory (e.g. for blood work) / • Imaging centre (e.g. chest X-ray & Ultrasound) / • Dietitian / • Psychologist / • Social Worker / • Physiotherapist / • Occupational Therapist / • Pharmacist / • Chiropodist Programs (e.g. offered at a community centre or hospital): • Diabetes clinic / • Smoking cessation / • Self management / • Mental health	o 1-5 km o 6-10 km o >10 km o Don't Know *In the same building, but not offered by our practice
QUALICOPC	S - Practice location, Q30	What is the distance by road from your (main) practice building to: • The nearest GP practice (not in your group or centre) • The nearest consultant/outpatient clinic (independent or part of hospital) • The nearest general or university hospital	o In the same building / o Less than 5 kms / o 5-10 kms / o 11-20 kms / o More than 20 kms "
Evolution	SD, Q4	In the building where your clinic is located, are there other primary healthcare medical teams or other general practitioners who are not part of your clinic?	o Yes / o No
Contexte organisationnel / Environnement organisationnel et intégration de la pratique / Intégration de la pratique			
BEACH - GP	Q18	Are any of the following services located / available on the premises? (Includes services in the same building or within 50 meters, available on a daily or regular basis). *(Circle all that apply.)*	o Physiotherapist / o Psychologist / o Pathology lab / collection centre / o Imaging / o Specialist / o Other (specify_____ / o None
TransforMED - BPS	S - New Model Characteristics, Q82	Engagement with community resources or service to community	o Currently use / o Considering using / o Previously used / o If community resources are utilized, please specify____
TransforMED - PEC	S - Attention to Fitness Landscape - Connection to Community, Q57-59	Please indicate how strongly you agree or disagree with each statement : **57**. This practice is aware of community resources that are accessible to patients. **58**. This practice works effectively together as a team with community organizations. **59**. People in this practice are connected with community organizations that serve patients.	o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - PEC	S - Attention to Fitness Landscape - Connection to Health System Q61-62	Please indicate how strongly you agree or disagree with each statement : **61**. This practice works well together with the health care system. **62**. People in this practice are connected to people in other practices.	o Strongly disagree / o Disagree / o Neutral / o Agree / o Strongly Agree "
TransforMED - BPS	S - Practice Information, Q48	How would you describe the level of competition among practices in your local market?	o High competition / o Moderate competition / o Low Competition / o No competition
NSPOII	SA, Q10	Does your IPA have a significant relationship with an integrated delivery system or a physician hospital organization?	o Yes / o No

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
IDCP2D - TIS	S - Structure, Q15	What additional specialist support services outside of the practice are available to your practice in: • Community (e.g. community-based, attached diabetes nurses, "GPwSI" (GP with a special interest) • Secondary care (e.g. specialist care team)	
COMP-PC	S1, Q8	Does your practice site use any of the following activities to reach out to the population in the community you serve? (√ - Please check one in each item.) • Networking with provincial and local agencies involved with culturally diverse groups • Linkages with religious organizations/services • Involvement with neighborhood groups/leaders • Outreach workers • Other (please specify)	o Definitely / o Probably / o Probably not / o Definitely not / o Not sure, don't know "
CPCQ	S - Practice Profile, Q15	Does the clinic have formal or operational agreements with other organizations or institutions of the system (besides good individual relationships) in order to provide to your patients all the services they need?	o Yes / o No / o With one or more CLSCs / o With one or more CHSGs (general care hospitals) / o With one or more CHSLDs (long term care institutions) / o With other institutions or organizations, specify :
Evolution	SB, Q20	In addition to the care offered at your clinic, do any of the general practitioners in your practice also provide care in the following settings or programs: • Another medical clinic/private office? • A CLSC (Other than yours, if you're already in a CLSC) for home care services? • In a CLSC (Other than yours, if you're already in a CLSC) for services other than home care? • The emergency room of a general and/or specialized care hospital? • A short-term care unit of a general and specialized care hospital? • A long-term care facility (CHSLD)? • In medical services provided as part of a palliative care program? • Obstetrical services in a hospital? • Other activities identified by the Département regional de medicine générale (DRMG)?	o Yes / o No "
Evolution	SB, Q29	Does your clinic have formal or informal arrangement with other primary healthcare clinics, CLSCs, hospitals and/or medical specialist clinics for any of the following… Check all that apply. • Planning services offered (on-call activities, clinic office hours, etc.)? • Access to technical services (e.g. radiology, laboratory)? • Exchange of resources (e.g. loan of professionals)? • Follow-up for hospitalized patients or patients seen at the clinic? • Others? (Specify : _____)	o No o Yes, with one or several primary healthcare clinics o Yes, with one or several CLSC(s) o Yes, with one or several hospital(s) o Yes, with one or several specialized clinic(s) "
Evolution	SB, Q30	If you answered "yes" to any of the choices in the preceding question, identify… • The main primary healthcare clinic with which you have arrangements: • The main CLSCs with which you have arrangements: • The main hospitals with which you have arrangements: • The main specialized with which you have arrangements:	

Questionnaire	Section/ question #	Questions ou items	Échelles de réponse
Evolution	SB, Q31	Does your clinic participate in a healthcare access network to ensure that your clinic's office hours are coordinated with those of other clinics (evenings, weekends, etc.)?	o Yes / o No
Evolution	SB, Q32	Do the general practitioners at your clinic participate in a regional on-call system, for vulnerable patients (as defined by the RAMQ)?	o Yes / o No
Evolution	SB, Q33	In your clinic, does a general practitioner (or practitioners) participate in… • Local committees of the DRMG? • Committees for the implementation of FMG and/or Network-Clinics? • Committees to alleviate congestion in emergency departments? • Committees on the Health and social service centre (CSSS) clinical project? • Coordination of the «guichet d'accès» for the orphan patients? • Others (Specify: _____)?	o Yes / o No "
PCOS-NS	S4, Q15	• Does your primary health care organization have collaborative care arrangements with other health care providers or health care organizations? *(Please circle one answer.)* • If yes, please briefly describe a few examples.	o Yes / o No / o N/A
PCOS-NS	S4, Q17	• Does your primary health care organization have formalized partnerships with other providers or organizations beyond the health system (e.g. housing, police, education)? • If yes, please briefly describe a few examples.	o Yes / o No
TransforMED - BPS	S - Practice Characteristics, Q44	Where do the majority of your patients go for routine lab work? *(Check all that apply.)*	o Lab located within the practice o Lab located outside the practice but within the same building o Lab located away from the building where your practice is located o If lab work is done outside, check here if the specimen collected onsite
TransforMED - BPS	S - Practice Characteristics, Q46	Where do the majority of your patients go for routine X-rays?	o X-ray equipment located within the practice o X-ray facility located outside the practice but within the same building o X-ray facility located away from the building where your practice is located
QUALICOPC	S- Equipment in the practice, Q28	How do you have access to laboratory facilities?	o Within my practice/centre o Direct access outside my practice/centre (results within 48 hours) o Direct access outside my practice (results after 48 hours) o Insufficient access
QUALICOPC	S- Equipment in the practice, Q29	How do you have access to X-ray facilities?	o Within my practice/centre o Direct access outside my practice/centre (results within 48 hours) o Direct access outside my practice (results after 48 hours) o Insufficient access

ANNEXE 3

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L'ÉTUDE DE REPÉRAGE**

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