

# Measuring Organizational Attributes of Primary Health Care Survey

This is a survey about the organization of primary health care services, also known as family medicine. The purpose of this survey is to document the composition of clinics or practices, the health care services offered and the way in which these services are organized.

## Who Should Answer This Survey?

This survey should be filled in by the person who is most familiar with how the clinic is organized and operates. Typically, this is the physician in charge (physician coordinator), the manager in charge or a professional of the clinic with a good knowledge of the functioning of the clinic.

Clinics participating in this survey must have among the members of the team at least a general practitioner providing general medical services.

Only one person should fill in the survey with the help of other professionals of the clinic, if necessary. The survey **should not** be completed by each physician or health professional at the clinic, even in cases where professionals rarely work together.

## How Should the Survey be Completed?

**Choose ONE answer per question, unless otherwise indicated.**

The expression “**your clinic**” refers to the practice or the primary health care medical team (general practitioners and nurses) to which you belong (or to yourself, if you are the only physician at the clinic).

Answers should reflect as much as possible the views and practices of the entire primary health care medical team (family physicians, nurses and other professionals).

## Section 1: Identification of the Organization

### 1. Enter the following information about the clinic:

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_



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**2. Position of the respondent:**

- Head doctor/physician in charge
- Member of the family physicians team
- Other primary health care professional within the clinic
- Manager or administrative assistant
- Other (*please specify*): \_\_\_\_\_

**3. Your clinic offers**

- A single setting
- A principal setting with affiliated or satellite sites
- More than one setting with coordination of care and administrative activities between sites
- More than one setting working independently
- Other (*please specify*): \_\_\_\_\_

**4. Over the past five years, has your clinic merged, associated or joined with another primary health care organization?**

- Yes  No

**5. How long has your clinic been in operation?**

- Less than 1 year  1 to 4 years  5 to 9 years  More than 10 years

**6. How long has your clinic been at its current location?**

- Less than 1 year  1 to 4 years  5 to 9 years  More than 10 years

**7. What is the primary setting of your practice site? (*Please select one.*)**

- Private solo practice
- Physician group practice
- Community clinic or community health centre
- Walk-in care centre/clinic
- Clinic affiliated with hospital or ambulatory care unit
- University clinic or teaching unit
- Other (*please specify*): \_\_\_\_\_

**8. Is your clinic part of a new model of primary health care benefiting from special funding or part of a government-led reform (for example, family medicine groups or network clinics in Quebec, family health teams in Ontario, primary care networks in Alberta)?**

- Yes  No

## Section 2: Organizational Vision

1. Which statement **best** represents the population that your clinic serves? (Check one only.)

- Anyone who shows up at the clinic, no matter their place of residence
- Only patients with an active record or registered at the clinic
- The population in the neighbourhood, village or territory served by the clinic

2. Using the scale below, indicate the importance of the following goals for your clinic. (Choose only one answer per statement.)

	Less important <span style="float: right;">More important</span>									
	←----->									
a) Accessibility of services offered by the clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
b) Continuous relationship with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
c) Comprehensive approach to patients to address all of their individual health needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
d) Profitability of the clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
e) Delivery of preventive and health promotion services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
f) Conformation of services to established clinical guidelines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
g) Respect, courtesy and confidentiality	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
h) Absence of discrimination toward individuals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
i) Teamwork among family physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
j) Consideration of environmental or occupational causes when assessing patients' health problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
k) Consideration of social problems when providing care for patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

3. Using the scale below, indicate your level of agreement with the following statements.

	Totally Agree	Partly Agree	Partly Disagree	Totally Disagree	Doesn't Apply Because Only 1 Doctor in the Clinic
a) The clinic has explicit mission, values and objectives.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>99</sub>
b) In general, clinic professionals share the clinic's mission, values and objectives.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>99</sub>

4. Choose the statement that corresponds **best** to your clinic's vision.

*(Check one only for "a" and one for "b.")*

a) Responsibility for health

- Health is mostly an individual responsibility; it is up to each individual to maintain his or her health or do what it takes to improve his or her health.
- Health is mostly a collective responsibility; it is up to society to create conditions that help maintain or improve health.

b) Access to services

- Access to health services is mostly an absolute right; everyone should have the same access to health care, based on need, regardless of financial ability to pay.
- Access to health services is mostly a relative right; everyone should have access to health care, but people who can afford it could pay for better access to health care.

## Section 3: Organizational Resources

### 3.1 Human Resources

1. a) Please indicate **the number** of general practitioners and family physicians (GPs/FPs) in your clinic and **their FTEs** (full-time equivalent = more than 35 hours/week):

\_\_\_\_\_ = number of GPs/FPs      \_\_\_\_\_ = FTEs

b) How many general practitioners work at your clinic

- i) Less than 10 hours a week? \_\_\_\_\_
- ii) 10 to 24 hours a week? \_\_\_\_\_
- iii) 25 to 35 hours a week? \_\_\_\_\_
- iv) More than 35 hours a week? \_\_\_\_\_

**c) How many general practitioners at your clinic are in the following age categories:**

- i) 34 and younger? \_\_\_\_\_
- ii) 35 to 49? \_\_\_\_\_
- iii) 50 to 64? \_\_\_\_\_
- iv) 65 and older? \_\_\_\_\_

**d) How many are**

- i) Women? \_\_\_\_\_
- ii) Men? \_\_\_\_\_

**e) How many of the family physicians at your clinic have been working there for more than 5 years? \_\_\_\_\_**

**2. Is your family physician team complete?**

- <sub>1</sub> Yes
- <sub>2</sub> No → If not, how many FTEs are missing? \_\_\_\_\_

**3. Please complete the number of staff in your clinic and their FTEs:**

- |                            |         |             |                                     |         |             |
|----------------------------|---------|-------------|-------------------------------------|---------|-------------|
| a) Nurse practitioner:     | # _____ | FTEs: _____ | b) Pharmacist:                      | # _____ | FTEs: _____ |
| c) Registered nurse:       | # _____ | FTEs: _____ | d) Physiotherapist:                 | # _____ | FTEs: _____ |
| e) Audiologist:            | # _____ | FTEs: _____ | f) Psychologist:                    | # _____ | FTEs: _____ |
| g) Chiropractor:           | # _____ | FTEs: _____ | h) Optometrist:                     | # _____ | FTEs: _____ |
| i) Dietitian:              | # _____ | FTEs: _____ | j) Social worker:                   | # _____ | FTEs: _____ |
| k) Occupational therapist: | # _____ | FTEs: _____ | l) Speech–language pathologist:     | # _____ | FTEs: _____ |
| m) Physician assistant:    | # _____ | FTEs: _____ | n) Respiratory therapist:           | # _____ | FTEs: _____ |
| o) Psycho-geriatric:       | # _____ | FTEs: _____ | p) Other ( <i>please specify</i> ): | _____   |             |

**4. How many administrative staff (for example, managerial, clerical, reception) currently work at your clinic? \_\_\_\_\_**

### 3.2 Economic Resources

5. Please indicate the average monthly operating expenses of your clinic and the proportion assumed by the clinic and/or other financial aid monthly:

	Monthly Average (\$)	Assumed by the Clinic (%)	Other Financial Aid (e.g. Government Grant) (%)
Salaries and benefits of all personnel other than physicians (e.g. salaries, health benefits, life insurance)	\$ _____	_____ %	_____ %
Administrative operating costs (e.g. legal and audit, computer, meeting expenses)	\$ _____	_____ %	_____ %
Building and maintenance expenses (e.g. acquisition of furniture and equipment, insurance, repair and maintenance, janitorial expense)	\$ _____	_____ %	_____ %
Utilities (e.g. water, electricity, gas, telephone)	\$ _____	_____ %	_____ %
Clinical operating costs (e.g. sterilization, diagnostic tests, examination material, medication)	\$ _____	_____ %	_____ %

### 3.3 Technical Resources

6. In your clinic, do you have access to

- a) Computer software to manage appointments? <sub>1</sub> Yes <sub>2</sub> No
- b) Internet and email access for physicians? <sub>1</sub> Yes <sub>2</sub> No
- c) Electronic medical records? <sub>1</sub> Yes <sub>2</sub> No
- d) Computerized tools to aid medical decision-making (computerized alerts and recalls, integration of clinical practice guidelines) ? <sub>1</sub> Yes <sub>2</sub> No
- e) An electronic interface to diagnostic imaging laboratory services? <sub>1</sub> Yes <sub>2</sub> No
- f) An electronic system to transmit prescriptions to pharmacies? <sub>1</sub> Yes <sub>2</sub> No
- g) A web-based appointment system for patients? <sub>1</sub> Yes <sub>2</sub> No
- h) Information technology support? <sub>1</sub> Yes <sub>2</sub> No

7. With your **current** patient medical records system, how easy would it be to generate the following information about your patients? Is the process for doing so computerized?

	Level of Difficulty Generating Information				Computerized?	
	Easy	Somewhat Difficult	Difficult	Cannot Generate	Yes	No
a) List of patients by diagnosis or health problems (e.g. diabetes, cancer)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) List of patients by laboratory result (e.g. HbA1C >9.0)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) List of patients who are due or overdue for tests or preventive care (e.g. flu vaccine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) List of all medications taken by an individual patient (including those that may have been prescribed by other doctors)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) List of all patients taking a particular medication	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) List of all laboratory results for an individual patient (including those ordered by other doctors)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) Clinical summaries to give patients after each visit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

## Section 4: Organizational Structures

### 1. Does your clinic have a written policy and/or policy-related materials on

- a) Human resources management (hiring procedures, job descriptions)? <sub>1</sub> Yes <sub>2</sub> No
- b) Training and staff development? <sub>1</sub> Yes <sub>2</sub> No
- c) Performance appraisals of the staff? <sub>1</sub> Yes <sub>2</sub> No
- d) Procedures for reporting medical errors? <sub>1</sub> Yes <sub>2</sub> No
- e) Procedures for assessing patient satisfaction or documenting complaints? <sub>1</sub> Yes <sub>2</sub> No
- f) Procedures for assessing quality of care? <sub>1</sub> Yes <sub>2</sub> No
- g) Reference protocols with other health care services (e.g. hospital, pharmacy, home care)? <sub>1</sub> Yes <sub>2</sub> No
- h) Procedures to ensure that lists of current medications and problems are recorded in the patient's health record? <sub>1</sub> Yes <sub>2</sub> No

### 2. In the past 12 months, have any of the following occurred in your clinic?

- a) Inspection of medical files or prescriptions by health authority or insurer (e.g. external audit)? <sub>1</sub> Yes <sub>2</sub> No
- b) Formal process to obtain feedback from colleagues? <sub>1</sub> Yes <sub>2</sub> No
- c) Formal process for self-assessment (e.g. Physician Assessment Review)? <sub>1</sub> Yes <sub>2</sub> No



**3. At your clinic, is there anyone who . . . (Choose only one answer per statement.)**

	Yes				No	Not Applicable
	A Physician-in-Charge or Designated Physician	The Group of Physicians Collectively	Administrative Nurse or Manager	Other Health Professional		
a) Sets up on-call lists, schedules, vacation, etc.?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
b) Organizes meetings for case discussions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
c) Looks after recruitment of physicians and assigns practice privileges?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
d) Ensures that the quality of medical care is evaluated?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
e) Organizes continuing medical education activities?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
f) Represents the clinic on committees?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
g) Develops delegated medical act/protocols for care?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>

**4. In your clinic, do you routinely receive and review data on the following aspects of your patients' care? If so, is this process computerized?**

	Routinely Receive and Review Data	Computerized Process?
a) Clinical outcomes (e.g. percentage of patients with diabetes or asthma with good control)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
b) Surveys of patient satisfaction and experiences with care	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
c) Patients' hospital admissions or emergency department use	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
d) Frequency of ordering diagnostic tests	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No

5. Does your clinic . . .

	Yes		No
	Computerized	Paper	
a) Have a reminder system to invite patients to have the recommended screening tests (e.g. Pap test, mammogram)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) Have a checklist concerning the preventive clinical practices (counselling, screening, immunization) to carry out with patients, according to the guidelines in effect?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) Have a tool to assist lifestyle counselling or to help modify behaviours (e.g. smoking cessation centre, health education centre)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) Track all laboratory tests ordered until results reach clinicians?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

6. Do you receive information on the performance of your clinic compared with that of other clinics?

- <sub>1</sub> Yes, routinely    <sub>2</sub> Yes, occasionally    <sub>3</sub> No    <sub>4</sub> Not sure

7. Do any general practitioners at your clinic share . . .

	Yes	No	Doesn't Apply Because Only 1 Doctor in the Clinic
a) Rooms (offices, examination rooms, waiting room)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
b) Operating costs for the clinic?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
c) Support staff (secretary and receptionist)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
d) Nursing staff?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
e) Information technology tools?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
f) An appointment management system?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>
g) Medical records system?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>99</sub>

8. What funding arrangement **best** describes the payment model for physicians in your clinic? (Check one only.)

- Fee-for-service
- Capitation or roster
- Salary (hourly rate, sessional payment, contract)
- Blended model (mix of different payment models)
- Other (please specify): \_\_\_\_\_

**9. Does the funding for your clinic's operating costs come from**

- a) Overhead charges to physicians? <sub>1</sub> Yes <sub>2</sub> No
- b) Private enterprises (companies, pharmacies, donations, foundation, etc.)? <sub>1</sub> Yes <sub>2</sub> No
- c) Fees charged to patients (e.g. fees to open or manage files)? <sub>1</sub> Yes <sub>2</sub> No
- d) Health system budget (hospital)? <sub>1</sub> Yes <sub>2</sub> No
- e) Infrastructure operating grant or government program? <sub>1</sub> Yes <sub>2</sub> No

**10. Does your clinic receive other types of funding from**

- a) Targeted program/activity funding/grants? <sub>1</sub> Yes <sub>2</sub> No
- b) Targeted staffing funding/grants? <sub>1</sub> Yes <sub>2</sub> No
- c) Performance-based financial incentives? <sub>1</sub> Yes <sub>2</sub> No
- d) Other (*please specify*):

**11. In the past 12 months, did you use information on the composition of your clinic population to allocate resources for program or services?**

- <sub>1</sub> Yes → 11.1 (*please specify population group*): \_\_\_\_\_
- <sub>2</sub> No → 11.2 (*please specify why not*): \_\_\_\_\_

**Section 5: Service Provision and Clinical Practices**

**1. At your clinic, are the following services available?**

- a) Rapid streptococcal test (strep test) <sub>1</sub> Yes <sub>2</sub> No
- b) Skin biopsy <sub>1</sub> Yes <sub>2</sub> No
- c) IUD insertion <sub>1</sub> Yes <sub>2</sub> No
- d) Musculoskeletal injection/aspiration <sub>1</sub> Yes <sub>2</sub> No
- e) Suture/minor surgery <sub>1</sub> Yes <sub>2</sub> No
- f) Cervical smear (Pap test) <sub>1</sub> Yes <sub>2</sub> No
- g) Rapid urine test <sub>1</sub> Yes <sub>2</sub> No
- h) Childhood vaccination <sub>1</sub> Yes <sub>2</sub> No
- i) Influenza (seasonal flu) vaccination <sub>1</sub> Yes <sub>2</sub> No
- j) Pregnancy test <sub>1</sub> Yes <sub>2</sub> No

**2. At your clinic, for follow-up of people with chronic illnesses (e.g. COPD, diabetes, heart failure), how often do you (doctors or clinic staff) . . .**

	Always	Often	Sometimes	Rarely	Never
a) Use a tracking system to remind patients about needed visits or services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Offer to contact patients between visits by telephone?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Use recognized practice guidelines as the basis for their treatment plans?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Assist patients in setting and attaining self-management goals (e.g. participation of patients in managing their care)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) Refer patients to <i>someone within the clinic</i> for education about their chronic illness?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) Refer patients to <i>someone outside the clinic</i> for education about their chronic illness?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) Have flow sheets (checklists) in medical records to track critical elements of care?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**3. In your clinic, do any family physicians provide**

- a) Management of care for an emergent but minor health problem (e.g. sprained ankle, unexplained rash)? <sub>1</sub> Yes <sub>2</sub> No
  - b) Non-urgent routine care (e.g. well care [baby, child, woman and/or man], chronic illness management)? <sub>1</sub> Yes <sub>2</sub> No
  - c) Prevention and health promotion and/or education services? <sub>1</sub> Yes <sub>2</sub> No
  - d) Prenatal care? <sub>1</sub> Yes <sub>2</sub> No
- ↓
- 3.1 If yes, do they attend delivery?**
- e) Health care for children age 5 or younger? <sub>1</sub> Yes <sub>2</sub> No
  - f) Primary mental health care? <sub>1</sub> Yes <sub>2</sub> No
  - g) Psychosocial services (e.g. counselling advice for physical/emotional/financial problems)? <sub>1</sub> Yes <sub>2</sub> No
  - h) Liaison with home care? <sub>1</sub> Yes <sub>2</sub> No
  - i) Rehabilitation services? <sub>1</sub> Yes <sub>2</sub> No
  - j) Nutrition counselling services? <sub>1</sub> Yes <sub>2</sub> No
  - k) Provision of home visits by primary health care physicians, nurses, nurse practitioners or pharmacists? <sub>1</sub> Yes <sub>2</sub> No
  - l) End-of-life care? <sub>1</sub> Yes <sub>2</sub> No

**4. What are the roles and functions of the registered nurses on your medical team?**

*(Check all that apply.)*

- |   |   |
|---|---|
| <input type="checkbox"/> There's no nurse on the medical team<br><i>(go to question 5)</i>                        | <input type="checkbox"/> Prescribe diagnostic examinations<br>(e.g. radiography, blood tests)   |
| <input type="checkbox"/> Conduct triage of walk-in patients   | <input type="checkbox"/> Liaise and coordinate with long-term<br>care facilities, hospitals and other clinics                                     |
| <input type="checkbox"/> Provide counselling on tobacco use,<br>diet and physical activity                        | <input type="checkbox"/> Provide support for medical activities<br>(blood pressure and weight measurements,<br>injections and vaccinations, etc.) |
| <input type="checkbox"/> Provide patient education (e.g.<br>blood glucose testing, blood<br>pressure measurement) | <input type="checkbox"/> Participate in clinical decisions  |
| <input type="checkbox"/> Conduct follow-up of specific patient<br>groups (e.g. chronic diseases, age group)       | <input type="checkbox"/> Conduct clinical activities as part of a<br>delegated medical act  |
| <input type="checkbox"/> Provide counselling on sexually<br>transmitted and blood borne<br>infections (STBIs)     | <input type="checkbox"/> Prescribe medications and<br>other substances  |

**5. At your clinic, do you offer systematic patient management and follow-up services for patients who have the following chronic diseases?**

- |   |   |  |
|---|---|--|
| a) Diabetes                                     | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| b) Chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| c) Heart failure                                | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| d) Asthma                                       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| e) Arthritis                                    | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| f) Mental disorders (depression, anxiety)       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |

**6. Are the following services available in the building where your clinic is located?**

- |                                     |   |  |
|-------------------------------------|---|--|
| a) Blood draws                      | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| b) Radiology                        | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| c) Electrocardiography              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| d) Spirometry                       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| e) Colonoscopy                      | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| f) Bone densitometry                | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| g) Magnetic resonance imaging (MRI) | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| h) Ultrasound/Doppler               | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| i) Echocardiography                 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| j) Computed tomography (CT)         | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| k) Mammography                      | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |

**7. In the building in which your clinic is located**

a) Are there any other non-physician health professionals (pharmacist, physiotherapist, psychologist, etc.) offering services?

<sub>1</sub> Yes → **If yes, how many different types of other non-physician health professionals are present?** \_\_\_\_\_

<sub>2</sub> No → Go to question 8

b) To what degree do the physicians in your clinic collaborate (exchange information, referrals) with the other non-physician health professionals located in the same building as your clinic?

<sub>1</sub> Quite a bit   <sub>2</sub> Somewhat   <sub>3</sub> A bit   <sub>4</sub> Not at all

**8. In the building in which your clinic is located**

a) Are services offered by medical specialists?

<sub>1</sub> Yes → **If yes, how many different specialties are present?** \_\_\_\_\_

<sub>2</sub> No → Go to question 9

b) To what degree do the general practitioners in your clinic collaborate (exchange information, referrals) with the medical specialists located in the same building as your clinic?

<sub>1</sub> Quite a bit   <sub>2</sub> Somewhat   <sub>3</sub> A bit   <sub>4</sub> Not at all

**9. How often does your clinic hold internal meetings to discuss . . .**

	More Than Once a Week	Weekly	Monthly	Never	Other (please specify)
a) Business issues?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
b) Clinical issues?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
c) Office operations?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____

**10. How is care coordinated among clinic professionals?**

	Always	Often	Sometimes	Rarely	Never	Doesn't Apply
a) Informal or ad hoc exchanges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
b) Pre-established care protocols for specific client groups or problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
c) Case discussion meetings (statutory meetings)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
d) Electronic communication through electronic medical records (EMRs)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>

**11. At your clinic**

- a) Is someone assigned to receive patients? <sub>1</sub> Yes <sub>2</sub> No
- b) Is someone assigned to manage medical records (open new files, manage archives)? <sub>1</sub> Yes <sub>2</sub> No
- c) Can patients contact a physician or nurse by telephone during the clinic's hours of operation? <sub>1</sub> Yes <sub>2</sub> No
- d) Can patients leave a voice message and get a return call from a physician or nurse? <sub>1</sub> Yes <sub>2</sub> No
- e) Is there at least one doctor who makes home visits? <sub>1</sub> Yes <sub>2</sub> No
- f) Do you offer services by appointment on weekends (Saturday or Sunday)? <sub>1</sub> Yes <sub>2</sub> No
- g) Do you offer services by appointment on weekday evenings (after 6 p.m.)? <sub>1</sub> Yes <sub>2</sub> No
- h) Do you offer walk-in services on weekends (Saturday or Sunday)? <sub>1</sub> Yes <sub>2</sub> No
- i) Do you offer walk-in services on weekday evenings (after 6 p.m.)? <sub>1</sub> Yes <sub>2</sub> No
- j) Do you offer services at night (between midnight and 8 a.m.)? <sub>1</sub> Yes <sub>2</sub> No
- k) Is there an on-call system when your clinic is closed? <sub>1</sub> Yes <sub>2</sub> No
- l) Is there open-access scheduling (that is, guaranteed same-day or next-day medical appointments)? <sub>1</sub> Yes <sub>2</sub> No
- m) Do you confirm appointments with patients a few days before scheduled visits? <sub>1</sub> Yes <sub>2</sub> No

**12. How many hours is your clinic open for patient care, on an average work day?**

\_\_\_\_\_ hours per work day

**13. What percentage of visits in your clinic are walk-in visits?**

<sub>1</sub> 0% <sub>2</sub> 1% to 25% <sub>3</sub> 26% to 50% <sub>4</sub> 51% to 75% <sub>5</sub> 76% to 100%

**14. At your clinic, on average, how much time is scheduled for visits for evaluation of a new patient? (Check one only.)**

- <sub>1</sub> Less than 10 minutes <sub>4</sub> 20 minutes
- <sub>2</sub> 10 minutes <sub>5</sub> 30 minutes
- <sub>3</sub> 15 minutes <sub>6</sub> More than 30 minutes

**15. At your clinic, on average, how much time is scheduled for follow-up visits? (Check one only.)**

- <sub>1</sub> Less than 10 minutes <sub>4</sub> 20 minutes
- <sub>2</sub> 10 minutes <sub>5</sub> 30 minutes
- <sub>3</sub> 15 minutes <sub>6</sub> More than 30 minutes

**16. a) How many patients are currently registered or have an active file at your clinic?**  
(Your best estimate)

\_\_\_\_\_ patients are currently registered or have an active file

**b) During the past year, approximately how many patients received primary care from your clinic?** Please count each patient only once, no matter how much care he or she received. (Your best estimate)

\_\_\_\_\_ patients received primary care

**17. Is your clinic currently accepting new patients for management and follow-up?**  
(Check one only.)

<sub>1</sub> Our clinic accepts all new patients who ask

<sub>2</sub> Our clinic accepts new patients based on certain conditions only

**17.1 What conditions? (Check all that apply.)**

<sub>1</sub> Must be a family member of a followed patient at the clinic

<sub>2</sub> Must be referred by another doctor

<sub>3</sub> Must be a vulnerable<sup>i</sup> patient

<sub>4</sub> Must be an orphan patient/registered on an access list

<sub>5</sub> Other (please specify): \_\_\_\_\_

<sub>3</sub> Our clinic doesn't accept any new patients

**18. Which patients have access to walk-in services at your clinic?**

All patients who present

Only patients who have a medical record at the clinic (under a doctor's name)

We don't offer walk-in services

**19. In general, when a patient contacts your clinic, how long (in days) does the patient have to wait before seeing a physician**

a) In an emergency situation? \_\_\_\_\_ days

b) In a non-emergency situation? \_\_\_\_\_ days

---

i. *Vulnerable patients* refers mostly to groups of patients afflicted with chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes; mental disorders such as depression, anxiety disorders, bipolar disorder, ADHD, autism spectrum disorders, anorexia nervosa and bulimia nervosa; alcohol, drug or tobacco addiction; degenerative diseases of the nervous system; HIV/AIDS; inflammatory bowel disease (Crohn's disease, ulcerative colitis, etc.); and others. *Vulnerable patients* can also refer to groups of patients with a socio-economic disadvantage, including homelessness, poverty or unemployment, or visible minorities and elderly residents.



**20. Does your clinic offer patients the option to . . .**

	Yes	No	Don't Know
a) Request appointments or referrals online?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
b) Send a medical question or concern via email?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
c) Request refills for prescriptions online?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
d) View test results on a secure website?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>

## Section 6: Organizational Context

**1. How would you characterize the locale where you are currently practising?**

<sub>1</sub> City   
 <sub>2</sub> Suburb   
 <sub>3</sub> Small town   
 <sub>4</sub> Rural

**2. Where is your clinic located?**

- In a building owned by the physicians or of which they are shareholders  
 In rented offices in a commercial building for health professionals  
 In rented offices in a commercial building for any type of business  
 In an establishment that is part of the publicly funded health network (hospital, etc.) or university  
 Other (*please specify*): \_\_\_\_\_

**3. In the building where your clinic is located, are there other primary health care medical teams or other family physicians that are not part of your clinic?**

<sub>1</sub> Yes   
 <sub>2</sub> No

**4. What is the distance by road from your (main) practice building to . . .**

	In the Same Building	Less Than 5 km	5 to 10 km	11 to 20 km	More Than 20 km
a) The nearest GP practice (not in your group or centre)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) The nearest general or university hospital?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

5. Does your clinic have formal or informal arrangements with other primary health care clinics, hospitals and/or medical specialist clinics for any of the following?  
(Check all that apply.)

	Yes			No
	With One or Several Primary Health Care Clinics	With One or Several Hospitals	With One or Several Specialized Clinics	
a) Planning services offered (on-call activities, clinic office hours, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Access to technical services (e.g. radiology, laboratory)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Exchange of resources (e.g. loan of professionals)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) Follow-up for hospitalized patients or patients seen at the clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Manage patients together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) Others (please specify): _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

6. Does your clinic participate in a health care access network to ensure that your clinic's office hours are coordinated with those of other clinics (evenings, weekends, etc.)?

<sub>1</sub> Yes    <sub>2</sub> No

7. Do the general practitioners at your clinic participate in a regional on-call system for vulnerable patients?

<sub>1</sub> Yes    <sub>2</sub> No

8. Over the past 2 years, how has the overall financial situation of the clinic changed?

- Much worse
- Somewhat worse
- No change/don't know
- Somewhat better
- Much better

9. In your clinic, to what extent have the following elements changed over the last 5 years?

	Improved	No Change	Deteriorated	Not Applicable
a) Working conditions for staff in your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Administrative support in your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Clinical practice support for general practitioners in your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) Quality of care delivered to patients in your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Your clinic's access to lab/imaging facility	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) The possibility of having one or several nurses in your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) Collaboration between your clinic and other primary care clinics in your territory	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) The ease by which your patients can be seen by specialists	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) Collaboration between your clinic and hospitals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j) The possibility of recruiting new physicians to your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k) Teamwork among professionals from your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l) Access to information technologies	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m) Level of financial resources available for your clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

End of the survey

Thank you for your collaboration!



# Bibliography

- Dahrouge S, Hogg W, Russell G et al. *Comparison of Models of Primary Health Care in Ontario - Practice Survey*. Canada: Ottawa University; 2004.
- Department of Health (Nova Scotia). *PHC team and PHC organization surveys*. Canada, Nova Scotia: Department of Health; 2006.
- Friedberg M et al. *Primary Care Practice Site Survey and Physician Practice and Quality of Care Survey*. United States, Massachusetts; 2007.
- Green M, Hogg W et al. *Beyond Financial and Work Satisfaction: Improving Measurement for Evaluation in Primary Health Care - Practice Survey*. Canada: Institute for Clinical Evaluative Science, 2008.
- Haggerty J, Pineault R, Beaulieu MD et al. *Continuity of Primary Care in Quebec - Organizational Survey*. Canada: Canadian Health Services Research Foundation, 2001.
- Jaén CR et al. *Methods for evaluating practice change toward a patient-centered medical home – TransforMED surveys*. United States: The Center for Research in Family Medicine and Primary Care: 2006.
- Levesque JF, Pineault R, Tousignant P, Hamel M et al. *Organisational questionnaire of primary healthcare clinic*. Evolution project, Assessing the evolution of primary healthcare organizations and their performance (2005-2010) in two regions of Québec (Montréal and Montérégie). Québec: Direction de santé publique de Montréal, Agence de la santé et des services sociaux de Montréal and Institut national de santé publique du Québec. 2010.
- The College of Family Physicians of Canada. *National Physician Survey*. Canada: The College of Family Physicians of Canada; 2010.
- The Commonwealth Fund. *International Survey of Primary Care Doctors*. The Common Wealth Fund; 2012.