**Healthcare Provider Survey**

Virtual care has been defined as any interaction between patients/clients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient/client care.1   
    
Virtual care can include telephone appointments, videoconferencing appointments, email, secure messaging, and text messaging. Interactions may be provider to patient/client, and provider to provider.  
   
   
1. Shaw, J., Jamieson, T., Agarwal, P., et al. Virtual care policy recommendations for patient-centred primary care: Finding of a consensus policy dialogue using a norminal group technique. *J Telemed Telecare* 2018; 24(9):608-15.

1. What is the size of the community in which your practice is located?

* Rural ( <4,999)
* Small town (5,000-9,999)
* Urban (>10,000)

2. In which Regional Health Authority is your practice is located?

* Eastern
* Central
* Western
* Labrador-Grenfell

3. What is your practice type?

* Solo physician/practitioner
* Group (2 or more physicians/practitioners)
* Other

4. Please indicate whether your practice is:

* Community-based
* Institution-based
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What is your gender?

* Male
* Female
* Prefer not to disclose
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How many years have you been in practice in Canada?

* 0-5
* 6-10
* 11-15
* 16-20
* 20-25
* 25+

7. Please indicate your occupation. (check all that apply)

* Audiolgist
* Registered Nurse
* Nurse Educator
* Nurse Practitioner
* Occupational Therapist
* Pharmacist
* Physiotherapist
* Physician
* Psychologist
* Social Worker
* Speech Language Pathologist
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Display This Question:*

*If 7. Please indicate your occupation. (check all that apply) = Physician*

7a. If physician, please indicate your specialty.

* Anatomical Pathology
* Anesthesiology
* Cardiac Surgery
* Child and Adolescent Psychiatry
* Dermatology
* Diagnostic Radiology
* Emergency Medicine
* Endocrinology
* ENT
* Family Medicine
* Gastroenterology
* General Internal Medicine
* General Pathology
* General Surgery
* Geriatric Psychiatry
* Geriatrics
* Gynecology
* Hematology/Oncology
* Hematologic Pathology
* Infectious Disease
* Medical Genetics and Genomics
* Medical Microbiology
* Nephrology
* Neurology
* Neuropathology
* Neurosurgery
* Nuclear Medicine
* Obstetrics and Gynecology
* Ophthalmology
* Orthopedic Surgery
* Otolaryngology-Head and Neck Surgery
* Pediatrics
* Physical Medicine and Rehabilitation Medicine
* Plastic Surgery
* Psychiatry
* Public Health and Prevention Medicine
* Radiology
* Rehabilitation Medicine
* Rheumatology
* Urology
* Vascular Surgery
* Other

8. Please indicate whether you are: (check all that apply)

* Salaried
* Fee for Service
* Self-employed
* Contractual
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you currently offer any virtual care?

* Yes
* No

*Skip To: Q10 If 9. Do you currently offer any virtual care? = No*

*Skip To: Q12 If 9. Do you currently offer any virtual care? = Yes*

10. If you answered "No" to Question 9, please indicate which of the following reasons why you do not partake in virtual care. (check all that apply)

* My practice did not promote virtual care
* I was not trained on how to provide virtual care
* I tried it and found it frustrating to use
* I did not have office staff to support my virtual care
* I don't believe virtual care is an appropriate way to evaluate patients/clients
* Financial cost
* Scheduling issues
* Lack of technical support
* Lack of financial support
* Concern about being compensated for virtual care
* N/A
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If you have not yet, do you plan to implement virtual care in the next 12 months?

* Yes
* No

*Skip To: Q26 If 11. If you have not yet, do you plan to implement virtual care in the next 12 months? = Yes*

*Skip To: Q29 If 11. If you have not yet, do you plan to implement virtual care in the next 12 months? = No*

12. What kinds of virtual care do you offer? (check all that apply)

* Telephone appointments
* Videoconferencing appointments
* Secure messaging
* Regular e-mail
* Text messaging
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. When caring for patients/clients remotely, do you generally prefer conducting telephone appointments or videoconferencing appointments?

* Telephone
* Videoconferencing

14. If you **DO NOT** conduct videoconferencing appointments, please select the reasons why: (choose all that apply)

* Prefer to conduct telephone appointments
* Prefer to conduct in-person appointments
* Have not received training or been instructed to use videoconferencing
* Logistics are too complicated (e.g. scheduling an appointment)
* Do not own necessary equipment (e.g., webcam)
* Do not have access to adequate internet connection
* Concerned videoconferencing may not be safe for my patients/clients
* Patients/clients are not interested
* Patients/clients do not know how to use videoconferencing
* Patients/clients do not own necessary equipment (e.g., computer, webcam
* Patients/clients do not have access to adequate internet connection
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Please rate the following aspects of conducting telephone appointments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not a Challenge | Somewhat of a Challenge | Significant Challenge | N/A |
| Patient/client knowing how to use a telephone for a virtual appointment |  |  |  |  |
| Patient's/client's cell phone service is unreliable |  |  |  |  |
| Hearing the patient/client adequately |  |  |  |  |
| Patient/client hearing me adequately |  |  |  |  |
| Establishing rapport with the patient/client |  |  |  |  |
| Ensuring patient's/client's safety and confidentiality |  |  |  |  |
| Assessing physical health status |  |  |  |  |
| Inability to conduct a physical exam to the degree required |  |  |  |  |
| Other |  |  |  |  |

16. Please rate the follow aspects of conducting videoconferencing appointments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not a Challenge | Somewhat of a Challenge | Significant Challenge | N/A |
| Patient/client knowing how to use videoconferencing for a virtual appointment |  |  |  |  |
| Hearing the patient/client adequately |  |  |  |  |
| Patient/client hearing me adequately |  |  |  |  |
| Seeing the patient/client adequately |  |  |  |  |
| Patient/client seeing me adequately |  |  |  |  |
| Establishing rapport with the patient/client |  |  |  |  |
| Ensuring patient's/client's safety and confidentiality |  |  |  |  |
| Assessing physical health status |  |  |  |  |
| Inability to conduct a physical exam to the degree required |  |  |  |  |
| Inappropriate or distracting patient/client behaviour (e.g. patient/client is not properly clothed, in bed, children/pets interrupting the appointment) |  |  |  |  |
| Other |  |  |  |  |

17. Which of the following platforms have you used to conduct videoconferencing appointments? (check all that apply)

* Cisco Webex Meetings / Webex Teams
* Doximity Video
* FaceTime
* Google G Suite Hangouts Meet
* Google Hangouts (standard)
* Go To Meetings
* Jabber
* Maple
* Medcuro
* Microsoft Teams
* Health Myself (Pomelo)
* Provincial Telehealth System
* Skype (standard)
* Skype for Business
* Telus Virtual Visits
* WhatsApp
* Zoom (standard)
* Zoom for Healthcare
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. What is your comfort level using different modes of virtual care?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Uncomfortable | Somewhat Uncomfortable | Neutral | Somewhat Comfortable | Very Comfortable | Not Applicable / Not Using |
| Telephone |  |  |  |  |  |  |
| Videoconferencing |  |  |  |  |  |  |
| Secure messaging |  |  |  |  |  |  |
| Email (unsecure) |  |  |  |  |  |  |
| Text messaging |  |  |  |  |  |  |
| eConsult |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |

19. If applicable, please rate you satisfaction conducting telephone appointments.

* Very dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very satisfied
* N/A

20. If applicable, please rate you satisfaction conducting videoconferencing appointments.

* Very dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very satisfied
* N/A

21. Has virtual care improved your work experience?

* Yes
* No

22. How would you rate the "Quality of Care" you deliver via telephone to your patients/clients.

* Lower than in-person
* Equivalent to in-person
* Higher than in-person
* N/A

23. How would you rate the "Efficiency of Care" you deliver via telephone to your patients/clients.

* Lower than in-person
* Equivalent to in-person
* Higher than in-person
* N/A

24. How would you rate the "Quality of Care" you deliver via videoconferencing to your patients/clients.

* Lower than in-person
* Equivalent to in-person
* Higher than in-person
* N/A

25. How would you rate the "Efficiency of Care" you deliver via videoconferencing to your patients/clients.

* Lower than in-person
* Equivalent to in-person
* Higher than in-person
* N/A

26. What are the barriers/challenges that you experience with virtual care? (check all that apply)

* Practice costs to coordinate and conduct
* Quality of care/safety
* Concerns about increase in demands on time
* Work/life balance
* Lack of integration with current workflow
* Adequate training/education
* Adequate administrative support (e.g., comfort with technology, not enough administrative staff to delegate tasks, etc.)
* Concerns about patients/clients overusing services
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. Are there any supports you accessed and found useful to help you with integrating virtual care in your practice? (check all that apply)

* Local colleague support (Connection with a local colleague who is using the technology)
* In-house organizational supports (e.g., IT support, Quality Improvement Specialists, etc.)
* Change management supports (e.g., workflow integration, defining roles in the team)
* Technical training on how to use tool (webinars, recorded videos, one-on-one support, etc.)
* Written information about how to integrate the tool into workflow
* Evidence about the effectiveness of the tool
* Virtual care standards outlined by my profession's regulatory body
* Written resource on comparison of virtual care platforms (cost, features, proc/cons)
* None
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. What are the benefits of virtual care for your practice? (check all that apply)

* Increased patient/client access
* Improved relationships with patients/clients
* Improved specialty provider relationship
* Increased volume of patient/client appointments / increased revenue
* Reduction in no-show appointment
* Ability to work from home
* Efficiency (e.g. writing notes during the appointment)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Please rate the level of importance of the following topics to your continuing professional development in effective use of virtual care:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Important | Slightly Important | Important | Very Important | Essential |
| Recognize limitations of virtual care |  |  |  |  |  |
| Know how virtual care changes approaches to providing patient/client care |  |  |  |  |  |
| Operate virtual care technologies effectively |  |  |  |  |  |
| Know and make use of appropriate clinical exam techniques amenable to virtual care, including substitutes (such as extenders, telemedicine peripherals, home scales, BP monitors, etc.) |  |  |  |  |  |
| Know when to escalate care and how, both within virtual care and beyond |  |  |  |  |  |
| Develop and maintain virtual interview skills and web-side manner |  |  |  |  |  |
| Evaluate and accommodate required accessibility constraints |  |  |  |  |  |
| Plan and adopt virtual care practices according to context of care including geographic location of all involved, distance, collaborating with local care teams, access to interprofessional resources |  |  |  |  |  |
| Understand ethical challenges of virtual care including access to technology, internet etc. |  |  |  |  |  |
| Develop and maintain competency and professionalism along continuum while engaging in virtual care |  |  |  |  |  |
| Comply with regulatory standards/rules for virtual care |  |  |  |  |  |
| Understand boundaries (e.g., personal telephone numbers used to call patients/clients) |  |  |  |  |  |
| Supervise and teach learners: role modelling, creating safe learning environment, assessment and feedback |  |  |  |  |  |

30. Would you participate in any future continuing professional development on virtual care?

* Yes
* No
* Unsure

31. What topics would you like to see offered in continuing professional development on virtual care?

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32. Which days of the week is/are most convenient for you to participate in continuing professional development programs? (check all that apply)

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Weekend

33. What time(s) of day is/are the most convenient? (check all that apply)

* Morning
* Afternoon
* Evening

34. What would be your preferred program format(s) for continuing professional development on virtual care? (check all that apply)

* E-Modules (self-paced) / online learning
* Interactive, in-person workshops
* Individual consultations
* Peer consultations
* Interactive webinars
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_