

Supplemental materials for:

Katz A, Herpai N, Smith G, et al. Alignment of Canadian primary care with the patient medical home model: a QUALICO-PC study. *Ann Fam Med*. 2017;15(3):230-236.

Appendix 1. Canadian QUALICO-PC Survey Questions mapped to PMH Goals

Table A1.1 Family Physician Survey Questions Mapped to PMH Goals and Characteristics		
PMH GOAL 1: Patient Centered		PMH Characteristic
FPS10	To what extent do you think that the patient turnover in your practice compares to other practices in your province?	Practice
FPS27	In case of referral, who usually decides about where the patient is referred to?	Physician
FPS39	In the past 12 months, have you ever done the following to reduce financial obstacles to disadvantaged patients:	
FPS39_1	Provide free samples of medication	
FPS39_2	Prescribe the cheapest equivalent medicine	
FPS39_3	Not charge the patient (e.g., for co-payments)	
FPS44	Do your medical files normally include the following information:	Physician
FPS44_1	Living situation	
FPS44_2	Ethnicity	
FPS44_3	Patients' family history (e.g. depression, cancer)	
FPS44_4	Patients' weight and height	
FPS44_5	Smoking	
FPS44_6	Blood pressure	
FPS44_7	Reason for encounter	
FPS44_8	Diagnosis	
FPS44_9	Prescribed medications	
FPS44_10	Test results	
FPS59	To what extent are you involved in patient health education as regards the following topics:	Physician
FPS59_1	Smoking	
FPS59_2	Diet	
FPS59_3	Problematic use of alcohol	
FPS59_4	Physical exercise	
FPS59_5	Chronic disease self-management strategies	
PMH GOAL 2: Personal Family Physician		PMH Characteristic
FPS8	How many of these patients are formally rostered to your practice?	Practice
FPS54	In case of the following health problems, to what extent will your own patients (in your practice population) contact you as the first health care provider?	
FPS54_1	Child with severe cough	
FPS54_2	Child aged 8 with hearing problem	
FPS54_3	Woman aged 18 asking for oral contraception	
FPS54_4	Man aged 24 with stomach pain	
FPS54_5	Man aged 45 with chest pain	
FPS54_6	Woman aged 50 with a lump in her breast	
FPS54_7	Woman aged 60 with deteriorating vision	
FPS54_8	Woman aged 60 with polyuria	
FPS54_9	Woman aged 60 with acute symptoms of paralysis/paresis	
FPS54_10	Man aged 70 with joint pain	
FPS54_11	Woman aged 75 with moderate memory problems	
FPS54_12	Man aged 35 with sprained ankle	
FPS54_14	Anxious man aged 45	
FPS54_15	Physically abused child aged 13	
FPS54_16	Couple with relationship problems	
FPS54_17	Woman aged 50 with psycho-social problems	

FPS54_18	Man aged 32 with sexual problems	
FPS54_19	Man aged 52 with alcohol addiction problems	
FPS59	To what extent are you involved in patient health education as regards the following topics:	Physician
FPS59_1	Smoking	
FPS59_2	Diet	
FPS59_3	Problematic use of alcohol	
FPS59_4	Physical exercise	
FPS59_5	Chronic disease self-management strategies	
FPS66	For your most complex patients (e.g. patients with multiple chronic conditions or significant social issues impacting their health):	
FPS66_1	To what extent are you able to co-ordinate care with service organizations in the community in planning and providing care?	
FPS66_2	To what extent do all providers caring for these patients (within and outside of your practice) have the same information available to them when working with the patient?	
FPS66_3	To what extent do you collaborate with all providers caring for these patients (<i>within and outside of your practice</i>) in establishing goals for treatment or management and plans?	
FPS69	Do you have a formal agreement with your patients that you are their most accountable primary care physician?	
PMH GOAL 3: Team-Based Care		PMH Characteristic
FPS48	How often do you meet face-to-face with the following professionals (either professionally or socially):	Physician
FPS48_1	Other FP/GP	
FPS48_2	Practice nurse	
FPS48_3	Ambulatory medical specialist	
FPS48_4	Hospital medical specialist	
FPS48_5	Pharmacist	
FPS48_6	Home care nurse	
FPS48_7	Midwife	
FPS48_8	Physiotherapist	
FPS48_9	Social worker	
FPS48_10	Dietician	
FPS50	Does your practice nurse or assistant independently provide:	Practice
FPS50_NA	Not applicable (no nurse or assistant in my practice)	
FPS50_1	Immunization	
FPS50_2	Health promotion (e.g. giving lifestyle or smoking cessation advice)	
FPS50_3	Routine checks of chronically ill patients (e.g. diabetes)	
FPS50_4	Minor procedures (e.g. ear syringing, wound treatment)	
PMH GOAL 4: Timely Access		PMH Characteristic
FPS33	How many hours on an average working day is your practice/centre open for patient care (lunch breaks excluded)?	Practice
FPS34	Does your practice/centre offer clinic hours:	Practice
FPS34_1	After 18h00	
FPS34_2	On a weekend day	
FPS38	Do you allow walk-in visits or same-day appointments?	Practice
PMH GOAL 5: Comprehensive Care		PMH Characteristic
FPS9	To what extent do you think your practice population compares to other practices in your province?	Practice
FPS9_1	Elderly people (over 70 years)	
FPS9_2	Socially disadvantaged people	

FPS9_3	Ethnic minority people	
FPS29	Please indicate the equipment used in your practice by yourself or your staff.	Practice
FPS55	To what extent are you involved in the treatment and follow-up of your own patients (in your practice population) with the following diagnoses?	Physician
FPS55_1	Chronic bronchitis/ COPD	
FPS55_2	Hordeolum (Stye)	
FPS55_3	Peptic ulcer	
FPS55_4	Herniated disc lesion	
FPS55_5	Congestive heart failure	
FPS55_6	Pneumonia	
FPS55_7	Peritonsillar abscess	
FPS55_8	Parkinson's disease	
FPS55_9	Uncomplicated diabetes (type II)	
FPS55_10	Rheumatoid arthritis	
FPS55_11	Depression	
FPS55_12	Myocardial infarction	
FPS59	To what extent are you involved in patient health education as regards the following topics:	Physician
FPS59_1	Smoking	
FPS59_2	Diet	
FPS59_3	Problematic use of alcohol	
FPS59_4	Physical exercise	
FPS59_5	Chronic disease self-management strategies	
FPS60	Are you or your practice staff involved in the following activities?	Practice
FPS60_1	Routine antenatal care	
FPS60_2	Immunization of children (as part of a program)	
FPS60_3	Paediatric surveillance of children under 4 years	
FPS60_4	Influenza vaccination (as part of a program)	
FPS60_5	Palliative care	
FPS65	How strongly do you agree or disagree that you and your practice staff are aware of community resources that are accessible to patients?	Practice
PMH GOAL 6: Continuity		PMH Characteristic
FPS41	If new patients enter your practice, do you receive their medical records from their previous doctor?	Practice
FPS51	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?	Physician
PMH GOAL 7: Electronic Health Records & Health Information		PMH Characteristic
FPS47	For which of the following purposes do you use a computer in your practice?	Practice
FPS47_4	Issuing drug prescriptions	
FPS47_5	Sending prescriptions to the pharmacy	
FPS47_6	Sending referral letters to medical specialists	
FPS47_7	Keeping records of consultations	
FPS47_8	Storing diagnostic test results	
FPS47_10	To maintain and use Electronic Health Records	
PMH GOAL 9: Evaluation		PMH Characteristic
FPS26	In the past 12 months, has the following occurred in your practice/centre:	Practice
FPS26_1	Feedback on your prescriptions or referrals by health authority or	

	insurer?	
FPS26_2	Feedback from colleague FP/GPs (peer review or practice visitation)?	
FPS26_3	Feedback on the satisfaction of your patients?	
FPS67	Can you generate an up-to-date patient panel list for your practice?	Practice
FPS68	Is this panel systematically validated by patients?	Practice
PMH GOAL 10: System Support		PMH Characteristic
FPS21	For each of the following components, please estimate whether they contribute to your income as a FP/GP at this practice?	Physician
FPS21_1	Salary/contract	
FPS21_2	Capitation payments (a fixed sum per patient for a certain period of time)	
FPS21_3	Fee for services from third party payer	
FPS21_4	Out of pocket payments from patient	
FPS21_5	Performance payments (for instance, related to targets)	
FPS21_6	Other source	

Table A1.2 Practice Survey Questions Mapped to PMH Goals and Characteristics		
PMH GOAL 1: Patient Centered		PMH Characteristic
PRA10	How clean does the waiting room look?	Practice
PRA11	Can people in the waiting room hear what is being said at the reception desk?	Practice
PRA12	Can people in the waiting room hear or see what happens in the doctor's office or in examination rooms?	Practice
PMH GOAL 3: Team-Based Care		PMH Characteristic
PRA13	How many of the following disciplines are working in your practice/centre?	Practice
PRA13_1	Receptionist/medical secretary	
PRA13_2	Family Practice nurse	
PRA13_3	Psychiatric nurse	
PRA13_4	Other specialized nurse (e.g., Disease Management Nurse)	
PRA13_5	Community/home care nurse	
PRA13_6	Nurse practitioner	
PRA13_7	Assistant for laboratory work	
PRA13_9	Midwife	
PRA13_10	Physiotherapist	
PRA13_11	Dentist	
PRA13_12	Pharmacist	
PRA13_13	Social worker	
PRA13_14	Dietician	
PRA13_15	Psychologist/Psychiatrist	
PRA13_16	Other (specify)	
PRA15	How many consultation rooms are available for use by nurses or other practice staff?	Practice
PMH GOAL 4: Timely Access		PMH Characteristic
PRA15	How many consultation rooms are available for use by nurses or other practice staff?	Practice
PMH GOAL 5: Comprehensive Care		PMH Characteristic
PRA13	How many of the following disciplines are working in your practice/centre?	Practice
PRA13_1	Receptionist/medical secretary	
PRA13_2	Family Practice nurse	
PRA13_3	Psychiatric nurse	
PRA13_4	Other specialized nurse (e.g., Disease Management Nurse)	
PRA13_5	Community/home care nurse	
PRA13_6	Nurse practitioner	
PRA13_7	Assistant for laboratory work	
PRA13_9	Midwife	
PRA13_10	Physiotherapist	
PRA13_11	Dentist	
PRA13_12	Pharmacist	
PRA13_13	Social worker	
PRA13_14	Dietician	
PRA13_15	Psychologist/Psychiatrist	
PRA13_16	Other (specify)	

Table A1.3 Patient Experience Survey Questions Mapped to PMH Goals and Characteristics		
PMH GOAL 1: Patient Centered		PMH Characteristic
PES8	In the past 2 years, has a doctor from this practice ever asked you about all the medications you take (including any prescribed by other doctors)?	Physician
PES9	Think about the practice that you are visiting today. Do you agree with the following:	
PES9_1	The opening hours are too restricted	
PES9_2	If I need a home visit I can get one	
PES9_4	When I called this practice, I had to wait too long to speak to someone	Practice
PES9_5	I know how to get evening, night and weekend services	Practice
PES9_6	People were polite and helpful at the reception desk	Practice
PES9_7	I can usually see my regular doctor every time I visit	Practice
PES9_8	I can see other doctors in this practice if my doctor is not available	Practice
PES9_9	I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	Practice
PES9_10	Different doctors or healthcare professionals that I see in this practice work together effectively on my care	Practice
PES9_11	I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	Practice
PMH GOAL 2: Personal Family Physician		PMH Characteristic
PES3	Do you have your own family doctor whom you normally consult first with a health problem?	
PES3_1	Yes, the doctor I am visiting	
PES3_2	Yes, another doctor in this practice or centre	
PES3_3	Yes, but another doctor from somewhere else	
PES3_4	No, I do not have my own doctor	
PMH GOAL 3: Team-Based Care		PMH Characteristic
PES9	Think about the practice that you are visiting today. Do you agree with the following:	
PES9_1	The opening hours are too restricted	
PES9_2	If I need a home visit I can get one	
PES9_4	When I called this practice, I had to wait too long to speak to someone	Practice
PES9_5	I know how to get evening, night and weekend services	Practice
PES9_6	People were polite and helpful at the reception desk	Practice
PES9_7	I can usually see my regular doctor every time I visit	Practice
PES9_8	I can see other doctors in this practice if my doctor is not available	Practice
PES9_9	I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	Practice
PES9_10	Different doctors or healthcare professionals that I see in this practice work together effectively on my care	Practice
PES9_11	I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	Practice
PMH GOAL 4: Timely Access		PMH Characteristic
PES3	Do you have your own family doctor whom you normally consult first with a health problem?	
PES3_1	Yes, the doctor I am visiting	
PES3_2	Yes, another doctor in this practice or centre	
PES3_3	Yes, but another doctor from somewhere else	
PES3_4	No, I do not have my own doctor	

PES9	Think about the practice that you are visiting today. Do you agree with the following:	
PES9_1	The opening hours are too restricted	
PES9_2	If I need a home visit I can get one	
PES9_4	When I called this practice, I had to wait too long to speak to someone	Practice
PES9_5	I know how to get evening, night and weekend services	Practice
PES9_6	People were polite and helpful at the reception desk	Practice
PES9_7	I can usually see my regular doctor every time I visit	Practice
PES9_8	I can see other doctors in this practice if my doctor is not available	Practice
PES9_9	I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	Practice
PES9_10	Different doctors or healthcare professionals that I see in this practice work together effectively on my care	Practice
PES9_11	I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	Practice
PMH GOAL 5: Comprehensive Care		PMH Characteristic
PES8	In the past 2 years, has a doctor from this practice ever asked you about all the medications you take (including any prescribed by other doctors)?	Physician
PES9	Think about the practice that you are visiting today. Do you agree with the following:	
PES9_1	The opening hours are too restricted	
PES9_2	If I need a home visit I can get one	
PES9_4	When I called this practice, I had to wait too long to speak to someone	Practice
PES9_5	I know how to get evening, night and weekend services	Practice
PES9_6	People were polite and helpful at the reception desk	Practice
PES9_7	I can usually see my regular doctor every time I visit	Practice
PES9_8	I can see other doctors in this practice if my doctor is not available	Practice
PES9_9	I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	Practice
PES9_10	Different doctors or healthcare professionals that I see in this practice work together effectively on my care	Practice
PES9_11	I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	Practice
PMH GOAL 6: Continuity		PMH Characteristic
PES9	Think about the practice that you are visiting today. Do you agree with the following:	
PES9_1	The opening hours are too restricted	
PES9_2	If I need a home visit I can get one	
PES9_4	When I called this practice, I had to wait too long to speak to someone	Practice
PES9_5	I know how to get evening, night and weekend services	Practice
PES9_6	People were polite and helpful at the reception desk	Practice
PES9_7	I can usually see my regular doctor every time I visit	Practice
PES9_8	I can see other doctors in this practice if my doctor is not available	Practice
PES9_9	I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	Practice
PES9_10	Different doctors or healthcare professionals that I see in this practice work together effectively on my care	Practice

PES9_11	I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	Practice
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Appendix 2. Canadian Quality and Costs of Primary Care (QUALICOPC) Questionnaires

Table A2.1 Family Physician Survey				
1. Are you male or female?	<input type="radio"/>	Male	<input type="radio"/>	Female
2. What is your year of birth? Please fill in:	Year of birth : 19_____			
3. Were you born in this country?	<input type="radio"/>	Yes	<input type="radio"/>	No
4. How would you characterize the place where you are currently practising?	<input type="radio"/>	Large city centre	<input type="radio"/>	Suburbs
	<input type="radio"/>	(Small) town	<input type="radio"/>	Mixed urban-rural
	<input type="radio"/>	Rural		
5. Is your clinic part of a new model of primary health care benefiting from special funding or part of a governmental lead reform (<i>for example, Physician Integrated Network in Manitoba, etc.</i>)?	<input type="radio"/>	Yes	<input type="radio"/>	No → Go to Q7.
6. How long has this practice been part of this model?	_____	Years	_____	Months
7. What is the (estimated) size of your practice population? (<i>In a joint practice: estimate your share of the population.</i>) If you do not have a formal list, please estimate the number of people that normally rely on you for primary medical care.	Number of patients: _____			
8. How many of these patients are formally rostered to your practice?	Number of patients: _____			
9. To what extent do you think your practice population compares to other practices in your province with respect to the following categories:	Below average	Average	Above average	Don't know
1 Elderly people (over 70 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Socially disadvantaged people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ethnic minority people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. To what extent do you think that the patient turnover	Below average	Average	Above	Don't

		average	know
in your practice compares to other practices in your province?		<input type="radio"/>	<input type="radio"/>
11. How many hours per week do you work as a FP/GP (excluding additional jobs and on-call or out-of-hours services)?	_____total hours per week	<input type="radio"/>	<input type="radio"/>
	_____hours per week in this practice	<input type="radio"/>	<input type="radio"/>
12. How many of these hours do you spend on direct patient care (consultations, home visits, telephone consultations)?	_____hours per week	<input type="radio"/>	<input type="radio"/>
13. How many patient contacts do you have on a normal working day?		<input type="radio"/>	<input type="radio"/>
1 Face-to-face in your office (number)	_____per day	<input type="radio"/>	<input type="radio"/>
2 By telephone	_____per day	<input type="radio"/>	<input type="radio"/>
3 By e-mail	_____per day	<input type="radio"/>	<input type="radio"/>
14. How long does a regular patient consultation in your office usually take?	_____minutes	<input type="radio"/>	<input type="radio"/>
15. How long does a "Long" appointment usually take? (e.g. full physical)	_____minutes	<input type="radio"/>	<input type="radio"/>
16. What proportion of visits in a day (or week) is for "Long" appointments?	_____%	<input type="radio"/>	<input type="radio"/>
17. In a normal working week, how many patients do you see:		<input type="radio"/>	<input type="radio"/>
1 At home visits	_____per week	<input type="radio"/>	<input type="radio"/>
2 In hospital	_____per week	<input type="radio"/>	<input type="radio"/>
3 In homes for the elderly	_____per week	<input type="radio"/>	<input type="radio"/>
4 In other institutions or settings	_____per week	<input type="radio"/>	<input type="radio"/>
18. In the past 3 working months (excluding holidays, etc.), how often and for how long did you have on-call duties during evenings, nights and weekends:		<input type="radio"/>	<input type="radio"/>
1 During evening(s)	_____times; in total _____hours	<input type="radio"/>	<input type="radio"/>
2 During night(s)	_____times; in total _____hours	<input type="radio"/>	<input type="radio"/>
3 During weekend days	_____times; in total _____hours	<input type="radio"/>	<input type="radio"/>
19. Besides your work as a FP/GP in this practice, do you	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>

<p>have any other paid professional activities? <i>(Please mark all that apply)</i></p>	<p><input type="radio"/> Yes, as a physician for privately paying patients</p> <p><input type="radio"/> Yes, in a residential setting (e.g. nursing home, prison)</p> <p><input type="radio"/> Yes, as a company doctor</p> <p><input type="radio"/> Yes, in teaching/ medical education</p> <p><input type="radio"/> Yes, Research</p> <p><input type="radio"/> Yes, other</p>																								
<p>20. As a FP/GP, are you self-employed or in salaried employment?</p>	<p><input type="radio"/> Salaried employment with centre or authority</p> <p><input type="radio"/> Salaried employment with other FP/GP</p> <p><input type="radio"/> Self-employed with contract(s) with health service, insurance or authority</p> <p><input type="radio"/> Self-employed without contract</p>																								
<p>21. For each of the following components, please estimate whether they contribute to your income as a FP/GP at this practice, and if so, up to what percentage?</p>	<p><input type="radio"/> Salary/contract _____%</p> <p><input type="radio"/> Capitation payments (a fixed sum per patient for a certain period of time) _____%</p> <p><input type="radio"/> Fee for services from third party payer _____%</p> <p><input type="radio"/> Out of pocket payments from patients _____%</p> <p><input type="radio"/> Performance payments (for instance related to targets) _____%</p> <p><input type="radio"/> Other sources _____%</p>																								
<p>22. Can you receive an extra financial incentive or bonus for:</p> <p>1 Management of patients with diabetes</p> <p>2 Management of patients with hypertension</p> <p>3 Management of patients with other chronic diseases</p> <p>4 Achievement of targets for screening or prevention</p> <p>5 Referral rates below a certain level</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>3</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>4</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>5</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	Don't know	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																						
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																						
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																						
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																						
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																						

6	Having socially disadvantaged patients in your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Working in a remote area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Collaboration with other providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	<p>Do you work alone or in shared accommodation with one or more FP/GPs and/or medical specialists?</p> <p>Please indicate the number of physicians and also fill in the total number of Full Time Equivalents (FTEs). (For instance: one doctor working 5 days a week and 1 other doctor working 2.5 days a week makes 1.5 FTEs.)</p>	<input type="radio"/> Alone <input type="radio"/> With ____ other FP/GPs in shared accommodation counting for ____ FTEs <input type="radio"/> With ____ medical specialist(s) in shared accommodation counting for ____ FTEs <input type="radio"/> With other non-physician healthcare providers in shared accommodation		
24.	Do you use clinical guidelines for the treatment of the following?			Guideline not available
		Yes	No	
1	Chronic heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<p>In the past 12 months, have you been involved in a disease management program for patients with the following chronic conditions? (Such programs are multidisciplinary approaches across practices, often based on protocols.)</p>	Yes	No	
1	Chronic heart failure	<input type="radio"/>	<input type="radio"/>	
2	Asthma	<input type="radio"/>	<input type="radio"/>	
3	COPD	<input type="radio"/>	<input type="radio"/>	
4	Diabetes	<input type="radio"/>	<input type="radio"/>	

Table A2.2 Practice Survey			
1.	Total number of patients <u>asked</u> to participate in our PHC survey	_____	patients
2.	Number of patients that have participated	_____	patients
3.	Opening hours are clearly indicated outside the office entrance	<input type="radio"/>	Yes
		<input type="radio"/>	No
4.	How to get care outside of regular office hours is clearly indicated outside the office entrance	<input type="radio"/>	Yes
		<input type="radio"/>	No
5.	The practice has a parking space for disabled people	<input type="radio"/>	Yes
		<input type="radio"/>	No
6.	Is the practice on the ground floor?	<input type="radio"/>	Yes → continue to Q8.
		<input type="radio"/>	No
7.	Is an elevator available for patients?	<input type="radio"/>	Yes
		<input type="radio"/>	No
8.	How accessible is the practice for patients using a wheelchair or stroller?	<input type="radio"/>	Very easy
		<input type="radio"/>	Easy
		<input type="radio"/>	Difficult
		<input type="radio"/>	Impossible to access
9.	Is a toilet available for patients with disabilities?	<input type="radio"/>	Yes
		<input type="radio"/>	No
10.	How clean does the waiting room look?	<input type="radio"/>	Very clean
		<input type="radio"/>	Rather clean
		<input type="radio"/>	Not clean
11.	Can people in the waiting room hear what is being said at the reception desk?	<input type="radio"/>	Yes
		<input type="radio"/>	No
		<input type="radio"/>	Not applicable (no reception desk)
12.	Can people in the waiting room hear or see what happens in the doctor's office or in examination rooms?	<input type="radio"/>	Yes
		<input type="radio"/>	No
13.	How many of the following disciplines are working in your practice/centre? <i>For each, please check None or fill in the FTEs (Full-Time</i>	None	FTE

Equivalents).

- | | | | |
|----|---|---|-------|
| 1 | Receptionist/med. secretary | 0 | _____ |
| 2 | Family Practice nurse | 0 | _____ |
| 3 | Psychiatric nurse | 0 | _____ |
| 4 | Other specialized nurse (e.g. Disease Management Nurse) | 0 | _____ |
| 5 | Community/home care nurse | 0 | _____ |
| 6 | Nurse practitioner (function between physician and nurse) | 0 | _____ |
| 7 | Assistant for laboratory work | 0 | _____ |
| 8 | Manager of the centre or practice (not a physician) | 0 | _____ |
| 9 | Midwife | 0 | _____ |
| 10 | Physiotherapist | 0 | _____ |
| 11 | Dentist | 0 | _____ |
| 12 | Pharmacist | 0 | _____ |
| 13 | Social worker | 0 | _____ |
| 14 | Dietician | 0 | _____ |
| 15 | Psychologist/Psychiatrist | 0 | _____ |
| 16 | Other (specify) <input type="text"/> | 0 | _____ |

14. How many consultation rooms are available for use by physicians in this practice? _____

15. How many consultation rooms are available for use by nurses or other practice staff? _____

Table A2.3 Patient Experience Survey

1. In general, how would you describe your health?	<input type="radio"/>	Very good
	<input type="radio"/>	Good
	<input type="radio"/>	Fair
	<input type="radio"/>	Poor
2. Do you have a longstanding disease or condition such as high blood pressure, diabetes, depression, asthma or another longstanding condition?	<input type="radio"/>	Yes
	<input type="radio"/>	No
3. Do you have your own family doctor whom you normally consult first with a health problem?	<input type="radio"/>	Yes, the doctor I am visiting
	<input type="radio"/>	Yes, another doctor in this practice or centre
	<input type="radio"/>	Yes, but another doctor from somewhere else
	<input type="radio"/>	No, I do not have my own doctor
4. Do you have a formal agreement with a specific doctor that he/she is your primary physician?	<input type="radio"/>	No commitment
	<input type="radio"/>	Informal understanding
	<input type="radio"/>	Formal agreement
	<input type="radio"/>	Signed agreement or contract
5. In the last 6 months, how often have you visited or consulted a doctor (this doctor or another one)?	<input type="radio"/>	This was the first time in the past 6 months
	<input type="radio"/>	Once before this visit
	<input type="radio"/>	2 to 4 times before this
	<input type="radio"/>	5 times or more before this
	<input type="radio"/>	Don't know
6. If you were to need an interpreter to help you speak with a doctor in this practice (clinic), is such a service available?	<input type="radio"/>	I never need an interpreter
	<input type="radio"/>	Yes, it is always available
	<input type="radio"/>	Yes, it is usually available
	<input type="radio"/>	No, it is insufficiently or not available
	<input type="radio"/>	Don't know
7. In the past 12 months, has a doctor from this practice talked to you about how to stay healthy?	<input type="radio"/>	Yes
	<input type="radio"/>	No

(For instance about diet, alcohol, smoking or exercise)	<input type="radio"/>	Don't know	
8. In the past 2 years, has a doctor from this practice ever asked you about <u>all</u> the medications you take (including any prescribed by other doctors)?	<input type="radio"/>	Yes	
	<input type="radio"/>	No	
	<input type="radio"/>	Don't know	
9. Think about the practice that you are visiting today. Do you agree with the following:	Yes	No	Don't know
1 The opening hours are too restricted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 If I need a home visit I can get one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 The practice is too far away from where I am living or working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 When I called this practice, I had to wait too long to speak to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 I know how to get evening, night and weekend services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 People were polite and helpful at the reception desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 I can usually see my regular doctor every time I visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 I can see other doctors in this practice if my doctor is not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 I can see other healthcare professionals in this practice (e.g. nurse practitioner, nurse, dietician or pharmacist), without having to see a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Different doctors or healthcare professionals that I see in this practice work together effectively on my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How long does it usually take you to travel from your home to this practice?	<input type="radio"/>	Less than 20 minutes	
	<input type="radio"/>	20-40 minutes	
	<input type="radio"/>	40-60 minutes	
	<input type="radio"/>	More than 1 hour	
	<input type="radio"/>	Don't know	
11. Did you make an appointment for this visit to your	<input type="radio"/>	Yes	

doctor?	<input type="radio"/>	No → Go to question 15	
12. Was it easy to get the appointment?	<input type="radio"/>	Yes	
	<input type="radio"/>	No	
13. How many days did you wait for this visit from the time that you tried to make an appointment?	<input type="radio"/>	I made the appointment earlier today	
	<input type="radio"/>	I made the appointment yesterday	
	<input type="radio"/>	I waited 2-7 days	
	<input type="radio"/>	I waited more than a week	
	<input type="radio"/>	Don't know	
14. Were you able to arrange an appointment with the doctor as soon as you wanted to?	<input type="radio"/>	Yes	
	<input type="radio"/>	No	
15. Do you think it is too difficult to see a family doctor from this practice during evenings, nights and weekends?	<input type="radio"/>	Yes	
	<input type="radio"/>	No	
	<input type="radio"/>	Don't know	
16. In the past 12 months, has one of the following happened to you in this practice?	Yes	No	Don't know
1 The doctor or staff acted negatively to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Other patients were treated better than you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 The doctor was much too concerned about money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The doctor or staff showed disrespect because of your ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The doctor or staff showed disrespect because of your gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. In the past 12 months, have you ever had the following experiences <u>in this practice</u> :	Yes	No	Don't know
1 I thought tests or examinations were repeated unnecessarily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I thought I got the wrong medication or wrong dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I thought I got incorrect results of a test or X-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. In the past 12 months, did you postpone or abstain from a visit to this doctor or another family doctor when you needed one?	<input type="radio"/>	Yes	
	<input type="radio"/>	No → Go to question 20	
19. What was the most important reason why you did	<input type="radio"/>	I did not have insurance	

<p>not visit a family doctor? (Mark all that apply)</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Other financial reasons</p> <p>I could not get there (physically)</p> <p>I was too busy</p> <p>I could not get an appointment</p> <p>Other</p>
<p>20. How many times in the past 12 months have you consulted or been referred to a medical specialist for yourself?</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>None</p> <p>Once or twice</p> <p>3 to 5 times</p> <p>6 to 10 times</p> <p>More than 10 times</p>
<p>21. Do you agree with the following statements:</p>	<p>Yes</p>	<p>No</p> <p>Don't know</p> <p>Not applicable</p>
<p>1 If I visit another family doctor in this practice (besides my own doctor), that other doctor has the necessary information about me</p>	<input type="radio"/>	<input type="radio"/>
<p>2 When I have visited another doctor in this practice, my own doctor is fully informed about the visit and results</p>	<input type="radio"/>	<input type="radio"/>
<p>3 After an emergency department visit, my doctor knows about the reason, treatment and results</p>	<input type="radio"/>	<input type="radio"/>
<p>4 After a hospitalization, my family doctor knows about the reason, treatment and results</p>	<input type="radio"/>	<input type="radio"/>
<p>5 When I am referred, my family doctor informs the medical specialist about my illness</p>	<input type="radio"/>	<input type="radio"/>
<p>6 When I am referred, my family doctor decides to whom I should go</p>	<input type="radio"/>	<input type="radio"/>
<p>7 After a consult with a medical specialist, my family doctor knows the results</p>	<input type="radio"/>	<input type="radio"/>
<p>8 It is difficult to get a referral to a medical specialist from my family doctor</p>	<input type="radio"/>	<input type="radio"/>
<p>22. In the last 12 months, how often did you visit a hospital emergency department for yourself?</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Never → Go to question 24</p> <p>1 time</p> <p>2 or 3 times</p>

	<input type="radio"/>	4 or more times				
23.	Why did you go to the emergency department instead of going to a family doctor? (Mark all that apply)					
	<input type="radio"/>	It was an urgent issue or an emergency	<input type="radio"/>	At the emergency department, I expected a shorter waiting time		
	<input type="radio"/>	I had something family doctors do not treat	<input type="radio"/>	The emergency department provides better care		
	<input type="radio"/>	There was no family doctor available at the time	<input type="radio"/>	The emergency department is more convenient to reach		
	<input type="radio"/>	For financial reasons	<input type="radio"/>	Other reason(s)		
24.	In the past 12 months, have you been examined or treated by a nurse at your family doctor's practice?					
	<input type="radio"/>	Yes				
	<input type="radio"/>	No				
	<input type="radio"/>	Don't know				
25.	Would you visit a family doctor for the following?					
		Yes	Probably yes	Probably not	No	Don't know
1	Cut finger that needs to be stitched	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Removal of a wart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Routine health checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Deteriorated vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Help to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	A child with a severe cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Blood in the stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Sprained ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Relationship problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Advice for choosing the best hospital or specialist for a certain treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	How important would it be for you to see a doctor if you had:					
		Extremely	Rather important	Somewhat important	Not important	

		important			
1	Weight loss of more than 2 kilograms in a month when not dieting	0	0	0	0
2	Shortness of breath with light exercise or light work	0	0	0	0
3	Chest pain when exercising	0	0	0	0
4	Loss of consciousness, fainting or passing out	0	0	0	0
5	Headache for more than one day	0	0	0	0
6	Abdominal pain for more than one day	0	0	0	0
7	Severe worries for more than a month	0	0	0	0
27.	Do you expect to benefit from a family doctor visit for:	Yes	No	Don't know	
1	Stomach problems	0	0	0	
2	Shoulder and neck pain	0	0	0	
3	Feeling nervous	0	0	0	
4	Diarrhoea	0	0	0	
5	Sore throat	0	0	0	
6	Headache	0	0	0	
7	Feeling tired	0	0	0	
8	Flu	0	0	0	
9	Feeling nauseous	0	0	0	
28.	Do you agree with the following statements:	Strongly agree	Agree	Disagree	Strongly disagree
1	In general, doctors can be trusted	0	0	0	0
2	In general, people can be trusted	0	0	0	0
29.	Over the past 12 months, did the person you saw most at this practice...	Yes, definitely	Yes, to some extent	No, not really	No, not at all
1	Help you feel that your everyday activities such as diet and lifestyle make a difference in your health?	0	0	0	0
2	Help you feel that you could prevent some health problems?	0	0	0	0

3	Give you a sense of control over your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
4	Help you feel that sticking with your treatment would make a difference?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
5	Help you feel confident about your ability to take care of your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
30.	Over the past 12 months, were there times when staff from this practice did not seem to know who should be doing what in your healthcare?	<input type="radio"/>	Never	<input type="radio"/>	Rarely	<input type="radio"/>	Sometimes	<input type="radio"/>	Often	<input type="radio"/>	All the time	
31.	Over the past 12 months, were there times when...										I did not need or use any services	
		Never	Rarely	Some- times	Ofte n	Very often						
1	You did not take medicines prescribed by a doctor because of their costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	You found it difficult to get health care because you had to take time off work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	You found it difficult to get health care services because of the additional costs it involved? (babysitting, parking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	You did not take laboratory tests or exams because of their costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	You did not get services recommended by your doctor that aren't covered by health insurance because of their costs? (such as physiotherapy, psychotherapy, dietetic...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32.	On a scale of 0-10, how confident are you that you could get the primary healthcare services you need?	Not at all confident						Totally confident				
		0	1	2	3	4	5	6	7	8	9	10
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	How well do you know how to prevent problems with your health?	<input type="radio"/>	Completely	<input type="radio"/>	Very well	<input type="radio"/>	Moderately	<input type="radio"/>	A little	<input type="radio"/>	Hardly confident at all	

	<input type="radio"/>	I don't have any health problems
34. How confident are you that you can maintain the changes in your health habits, like diet and exercise, even during times of stress?	<input type="radio"/>	Totally confident
	<input type="radio"/>	Very confident
	<input type="radio"/>	Moderately confident
	<input type="radio"/>	A little confident
	<input type="radio"/>	Hardly confident at all
<i>Finally we would like to ask you some questions about your personal background</i>		
35. Are you male or female?	<input type="radio"/>	Male
	<input type="radio"/>	Female
36. What is your year of birth? Please fill in:	Year of birth : 19_____	
37. Where were you born?	<input type="radio"/>	In Canada
	<input type="radio"/>	USA, Mexico, Australia or New Zealand
	<input type="radio"/>	In an EU country
	<input type="radio"/>	In a European country outside the EU
	<input type="radio"/>	In another country
38. Where was your mother born?	<input type="radio"/>	In Canada
	<input type="radio"/>	USA, Mexico, Australia or New Zealand
	<input type="radio"/>	In an EU country
	<input type="radio"/>	In a European country outside the EU
	<input type="radio"/>	In another country
39. Are you an Aboriginal person?	<input type="radio"/>	Yes, First Nations
	<input type="radio"/>	Yes, Métis
	<input type="radio"/>	Yes, Inuk/Inuit
	<input type="radio"/>	No
40. Are there other adults in your household (including children older than 18)?	<input type="radio"/>	Yes
	<input type="radio"/>	No
41. Are there any children under 18 in your household?	<input type="radio"/>	Yes
	<input type="radio"/>	No
42. How would you describe your current occupation or employment status? (Mark all that apply)	<input type="radio"/>	Employed (including civil service)
	<input type="radio"/>	Self employed or family business

	<input type="radio"/> Student <input type="radio"/> Looking for a job (unemployed) <input type="radio"/> Unable to work due to illness or disability <input type="radio"/> Retired <input type="radio"/> Mainly homemaker (including looking after children, etc.)
43. What is the highest level of education that you have achieved?	<input type="radio"/> No qualifications, pre-primary, primary, or lower secondary education (less than grade 10) <input type="radio"/> Upper secondary education (grades 10-12) <input type="radio"/> Post-secondary education (includes college, undergraduate or higher)
44. How well do you speak French or English?	<input type="radio"/> Fluently/native speaker level <input type="radio"/> Sufficiently <input type="radio"/> Moderately <input type="radio"/> Poorly <input type="radio"/> Not at all
45. Compared to the average in this country, would you say your household's income is:	<input type="radio"/> Below average <input type="radio"/> Around average <input type="radio"/> Above average
*** Please complete the rest of this survey AFTER your appointment! ***	
46. What was the main reason for your visit to this doctor today? (Mark all that apply)	<input type="radio"/> Because you were ill or didn't feel well <input type="radio"/> For a routine medical check-up or physical <input type="radio"/> To get a repeat prescription <input type="radio"/> To get a referral <input type="radio"/> To get a medical certificate or letter <input type="radio"/> For a second opinion <input type="radio"/> Doctor requested follow-up

	<input type="radio"/>	Other reason	
47. What was the urgency of your visit today?	<input type="radio"/>	Urgent – needed to be seen today	
	<input type="radio"/>	Somewhat urgent – wanted to be seen today	
	<input type="radio"/>	Not that urgent, wanted to be seen within a few days	
	<input type="radio"/>	Not urgent	
48. How long did you wait today between the scheduled time of your appointment and the consultation?	<input type="radio"/>	Less than 15 minutes	
	<input type="radio"/>	15-30 minutes	
	<input type="radio"/>	31-45 minutes	
	<input type="radio"/>	46-60 minutes	
	<input type="radio"/>	More than an hour	
	<input type="radio"/>	Don't know	
49. Think about the consultation that you just finished. Do you agree with the following:	Yes	No	
1 The doctor had my relevant medical records at hand	<input type="radio"/>	<input type="radio"/>	
2 The doctor was polite	<input type="radio"/>	<input type="radio"/>	
3 The doctor listened carefully to me	<input type="radio"/>	<input type="radio"/>	
4 The doctor hardly looked at me when we talked	<input type="radio"/>	<input type="radio"/>	
5 The doctor asked questions about my health problem	<input type="radio"/>	<input type="radio"/>	
6 I couldn't really understand what the doctor was trying to explain	<input type="radio"/>	<input type="radio"/>	
7 The doctor took sufficient time	<input type="radio"/>	<input type="radio"/>	
8 The doctor involved me in making decisions about treatment and/or health related goals	<input type="radio"/>	<input type="radio"/>	
9 I would recommend this doctor to a friend or relative	<input type="radio"/>	<input type="radio"/>	
10 The doctor asked about possible other problems besides the one I just came for	<input type="radio"/>	<input type="radio"/>	
50. Think about the doctor you visited today. Do you agree with the following:	Yes	No	Don't know
1 He/she knows important information about my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

medical history and health issues

2 He/she knows about my living situation

3 This doctor doesn't just deal with medical problems but can also help with personal problems and worries

4 After this visit, I feel I can cope better with my health problem/illness than before

51. If you were unhappy with the treatment you received, do you think this doctor would be prepared to discuss it with you? Yes
 No
 Don't know

Appendix 3. Regression Model Estimates for the Patient Medical Home Goals

Table A3.1 Linear Regression Model Estimates: All Patient Medical Home Goals				
All Goals N=656; R ² =0.47	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.24	0.08	0.00	-0.39, -0.08
Suburbs	-0.09	0.09	0.31	-0.27, 0.09
Small (town)	-0.01	0.09	0.95	-0.17, 0.16
Mixed urban-rural	0.16	0.09	0.08	-0.02, 0.35
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.43	0.07	<.0001	0.30, 0.56
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-0.10	0.07	0.16	-0.25, 0.04
1601 - 2400	-0.05	0.07	0.51	-0.19, 0.09
2401 - 3200	-0.16	0.10	0.13	-0.36, 0.05
> 3200	-0.18	0.10	0.09	-0.38, 0.03
PRA3-8. Superior Access				
Yes	0.03	0.02	0.27	-0.02, 0.07
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	-0.25	0.17	0.15	-0.59, 0.09
15 - 30 min	-0.36	0.17	0.04	-0.69, -0.02
31 - 45 min	-0.41	0.18	0.03	-0.77, -0.05
Province				
<i>Quebec is the reference category</i>				
Ontario	1.42	0.08	<.0001	1.27, 1.58
B.C.	1.10	0.12	<.0001	0.86, 1.33
Newfoundland and Labrador	0.29	0.14	0.03	0.02, 0.56
Alberta	0.57	0.09	<.0001	0.39, 0.75
New Brunswick/P.E.I.	0.33	0.12	0.01	0.09, 0.57
Saskatchewan	0.63	0.19	0.00	0.26, 0.99
Nova Scotia	0.93	0.12	<.0001	0.70, 1.17
Manitoba	0.76	0.17	<.0001	0.44, 1.09

Table A3.2 Linear Regression Model Estimates: Patient Centeredness				
Patient Centeredness N=702; R ² =0.07	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.31	0.21	0.15	-0.73, 0.11
Suburbs	-0.03	0.25	0.91	-0.52, 0.46
Small (town)	-0.12	0.23	0.62	-0.57, 0.34
Mixed urban-rural	0.06	0.25	0.80	-0.43, -0.43
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	-0.06	0.18	0.73	-0.40, 0.28
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	0.15	0.20	0.45	-0.24, 0.53
1601 - 2400	-0.13	0.20	0.52	-0.52, 0.26
2401 - 3200	-0.31	0.28	0.26	-0.86, 0.24
> 3200	-0.44	0.28	0.11	-0.99, 0.10
PRA3-8. Superior Access				
Yes	0.04	0.06	0.59	-0.09, 0.16
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	0.72	0.46	0.12	-0.19, 1.63
15 - 30 min	0.17	0.46	0.72	-0.73, 1.06
31 - 45 min	-0.07	0.49	0.88	-1.03, 0.88
Province				
<i>Quebec is the reference category</i>				
Ontario	0.64	0.21	0.00	0.22, 1.05
B.C.	0.46	0.32	0.15	-0.17, 1.08
Newfoundland and Labrador	0.03	0.37	0.93	-0.69, 0.76
Alberta	0.17	0.25	0.50	-0.32, 0.66
New Brunswick/P.E.I.	0.45	0.33	0.17	-0.20, 1.10
Saskatchewan	0.31	0.49	0.53	-0.65, 1.28
Nova Scotia	0.92	0.32	0.00	0.28, 1.56
Manitoba	-0.05	0.44	0.92	-0.91, 0.81

Table A3.3 Linear Regression Model Estimates: Personal Family Physician				
Personal Family Physician N=702; R ² =0.08	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.27	0.36	0.45	-0.99, 0.44
Suburbs	0.11	0.43	0.80	-0.73, 0.94
Small (town)	-0.05	0.40	0.91	-0.83, 0.74
Mixed urban-rural	0.01	0.43	0.98	-0.84, 0.86
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.49	0.30	0.10	-0.10, 1.08
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-0.14	0.34	0.67	-0.80, 0.51
1601 - 2400	0.38	0.34	0.27	-0.29, 1.05
2401 - 3200	0.26	0.48	0.58	-0.68, 1.20
> 3200	0.18	0.48	0.71	-0.76, 1.12
PRA3-8. Superior Access				
Yes	-0.06	0.11	0.59	-0.28, 0.16
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	0.25	0.79	0.75	-1.30, 1.80
15 - 30 min	-0.22	0.78	0.77	-1.76, 1.31
31 - 45 min	-0.05	0.83	0.95	-1.69, 1.58
Province				
<i>Quebec is the reference category</i>				
Ontario	2.16	0.36	<.0001	1.45, 2.87
B.C.	2.23	0.55	<.0001	1.16, 3.30
Newfoundland and Labrador	1.16	0.63	0.07	-0.08, 2.40
Alberta	0.98	0.43	0.02	0.14, 1.82
New Brunswick/P.E.I.	1.54	0.56	0.01	0.43, 2.65
Saskatchewan	1.52	0.84	0.07	-0.13, 3.18
Nova Scotia	1.88	0.56	0.00	0.79, 2.97
Manitoba	1.83	0.75	0.01	0.36, 3.30

Table A3.4 Linear Regression Model Estimates: Team				
Team N=702; R ² =0.16	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-1.82	0.37	<.0001	-2.56, -1.09
Suburbs	-1.89	0.44	<.0001	-2.75, -1.03
Small (town)	0.20	0.41	0.62	-0.60, 1.00
Mixed urban-rural	-0.25	0.44	0.57	-1.12, 0.62
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	1.87	0.31	<.0001	1.27, 2.48
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-0.80	0.34	0.02	-1.48, -0.13
1601 - 2400	0.44	0.35	0.20	-0.24, 1.13
2401 - 3200	-0.69	0.49	0.16	-1.65, 0.28
> 3200	0.48	0.49	0.33	-0.48, 1.44
PRA3-8. Superior Access				
Yes	-0.18	0.11	0.12	-0.40, 0.05
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	-0.08	0.81	0.93	-1.67, 1.52
15 - 30 min	-0.17	0.80	0.83	-1.75, 1.41
31 - 45 min	-0.47	0.86	0.58	-2.15, 1.21
Province				
<i>Quebec is the reference category</i>				
Ontario	-0.65	0.37	0.08	-1.39, 0.08
B.C.	-0.03	0.56	0.96	-1.13, 1.07
Newfoundland and Labrador	-0.44	0.65	0.49	-1.72, 0.83
Alberta	-1.28	0.44	0.00	-2.14, -0.42
New Brunswick/P.E.I.	0.66	0.58	0.25	-0.48, 1.80
Saskatchewan	-1.25	0.86	0.15	-2.94, 0.45
Nova Scotia	-0.05	0.57	0.93	-1.17, 1.07
Manitoba	-0.02	0.77	0.98	-1.53, 1.49

Table A3.5 Linear Regression Model Estimates: Access				
Access N=702; R ² =0.16	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	1.30	0.31	<.0001	0.69, 1.91
Suburbs	1.34	0.36	0.00	0.63, 2.06
Small (town)	-0.21	0.34	0.54	-0.88, 0.46
Mixed urban-rural	0.70	0.37	0.06	-0.03, 1.42
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.95	0.26	0.00	0.44, 1.45
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-0.04	0.29	0.89	-0.60, 0.52
1601 - 2400	0.38	0.29	0.19	-0.19, 0.95
2401 - 3200	0.31	0.41	0.46	-0.50, 1.11
> 3200	0.19	0.41	0.64	-0.61, 0.99
PRA3-8. Superior Access				
Yes	0.28	0.09	0.00	0.09, 0.46
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	0.20	0.68	0.77	-1.13, 1.52
15 - 30 min	-0.17	0.67	0.80	-1.49, 1.15
31 - 45 min	-0.46	0.71	0.52	-1.86, 0.94
Province				
<i>Quebec is the reference category</i>				
Ontario	1.48	0.31	<.0001	0.87, 2.09
B.C.	0.80	0.47	0.09	-0.11, 1.72
Newfoundland and Labrador	0.70	0.54	0.20	-0.37, 1.76
Alberta	-0.38	0.37	0.30	-1.10, 0.34
New Brunswick/P.E.I.	-0.52	0.48	0.28	-1.47, 0.43
Saskatchewan	0.35	0.72	0.63	-1.07, 1.76
Nova Scotia	0.89	0.48	0.06	-0.04, 1.83
Manitoba	-1.29	0.64	0.04	-2.55, -0.03

Table A3.6 Linear Regression Model Estimates: Comprehensiveness				
Comprehensiveness N=702; R ² =0.23	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-5.08	0.67	<.0001	-6.40, -3.76
Suburbs	-4.81	0.79	<.0001	-6.35, -3.26
Small (town)	-2.94	0.73	<.0001	-4.38, -1.50
Mixed urban-rural	-2.08	0.80	0.01	-3.64, -0.51
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	1.19	0.55	0.03	0.10, 2.27
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-1.42	0.62	0.02	-2.63, -0.20
1601 - 2400	1.00	0.63	0.11	-0.24, 2.23
2401 - 3200	0.02	0.88	0.98	-1.71, 1.75
> 3200	0.84	0.88	0.34	-0.88, 2.57
PRA3-8. Superior Access				
Yes	0.50	0.20	0.01	0.10, 0.91
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	1.51	1.45	0.30	-1.35, 4.36
15 - 30 min	0.51	1.44	0.73	-2.33, 3.34
31 - 45 min	0.31	1.54	0.84	-2.70, 3.33
Province				
<i>Quebec is the reference category</i>				
Ontario	3.53	0.67	<.0001	2.22, 4.85
B.C.	7.88	1.00	<.0001	5.91, 9.86
Newfoundland and Labrador	5.66	1.17	<.0001	3.37, 7.95
Alberta	2.10	0.79	0.01	0.55, 3.65
New Brunswick/P.E.I.	2.70	1.04	0.01	0.66, 4.75
Saskatchewan	6.73	1.55	<.0001	3.68, 9.77
Nova Scotia	4.50	1.02	<.0001	2.49, 6.51
Manitoba	6.33	1.38	<.0001	3.62, 9.04

Table A3.7 Linear Regression Model Estimates: Continuity				
Continuity N=702; R ² =0.16	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.78	0.16	<.0001	-1.11, -0.46
Suburbs	-0.71	0.19	0.00	-1.09, -0.34
Small (town)	-0.21	0.18	0.24	-0.56, 0.14
Mixed urban-rural	0.04	0.19	0.84	-0.34, 0.42
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.05	0.13	0.71	-0.22, 0.32
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	0.01	0.15	0.92	-0.28, 0.31
1601 - 2400	-0.16	0.15	0.29	-0.46, 0.14
2401 - 3200	0.03	0.22	0.91	-0.40, 0.45
> 3200	0.18	0.21	0.40	-0.24, 0.60
PRA3-8. Superior Access				
Yes	-0.03	0.05	0.51	-0.13, 0.06
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	0.01	0.35	0.98	-0.69, 0.71
15 - 30 min	-0.16	0.35	0.65	-0.85, 0.53
31 - 45 min	-0.53	0.37	0.16	-1.26, 0.21
Province				
<i>Quebec is the reference category</i>				
Ontario	0.96	0.16	<.0001	0.64, 1.28
B.C.	1.40	0.24	<.0001	0.92, 1.88
Newfoundland and Labrador	0.57	0.28	0.04	0.01, 1.13
Alberta	0.89	0.19	<.0001	0.51, 1.27
New Brunswick/P.E.I.	0.75	0.25	0.00	0.25, 1.25
Saskatchewan	0.87	0.38	0.02	0.13, 1.62
Nova Scotia	1.04	0.25	<.0001	0.55, 1.53
Manitoba	1.09	0.34	0.00	0.43, 1.76

Table A3.8 Linear Regression Model Estimates: Electronic Medical Records				
Electronic Medical Records N=701; R ² =0.35	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.49	0.22	0.02	-0.92, -0.07
Suburbs	-0.15	0.25	0.57	-0.64, 0.35
Small (town)	0.42	0.24	0.08	-0.04, 0.89
Mixed urban-rural	0.32	0.26	0.22	-0.19, 0.82
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	1.14	0.18	<.0001	0.79, 1.49
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	0.07	0.20	0.74	-0.32, 0.46
1601 - 2400	-0.07	0.20	0.72	-0.47, 0.33
2401 - 3200	-1.04	0.28	0.00	-1.60, -0.48
> 3200	-0.61	0.28	0.03	-1.17, -0.05
PRA3-8. Superior Access				
Yes	0.00	0.07	0.96	-0.13, 0.13
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	-1.14	0.47	0.02	-2.06, -0.22
15 - 30 min	-0.87	0.47	0.06	-1.79, 0.02
31 - 45 min	-0.88	0.50	0.08	-1.85, 0.10
Province				
<i>Quebec is the reference category</i>				
Ontario	2.76	0.22	<.0001	2.34, 3.19
B.C.	3.21	0.32	<.0001	2.57, 3.84
Newfoundland and Labrador	1.12	0.38	0.00	0.38, 1.86
Alberta	2.36	0.25	<.0001	1.86, 2.86
New Brunswick/P.E.I.	0.61	0.34	0.07	-0.05, 1.27
Saskatchewan	2.46	0.50	<.0001	1.48, 3.44
Nova Scotia	2.31	0.33	<.0001	1.66, 2.96
Manitoba	3.06	0.45	<.0001	2.18, 3.93

Table A3.9 Linear Regression Model Estimates: Education, Training & Research				
Education, Training & Research N=698; R ² =0.02	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.10	0.35	0.78	-0.78, 0.58
Suburbs	-0.49	0.40	0.22	-1.29, 0.30
Small (town)	-0.18	0.38	0.63	-0.93, 0.56
Mixed urban-rural	0.32	0.41	0.44	-0.49, 1.13
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.06	0.28	0.84	-0.50, 0.61
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	0.36	0.32	0.25	-0.26, 0.99
1601 - 2400	-0.18	0.32	0.57	-0.82, 0.45
2401 - 3200	-0.19	0.45	0.67	-1.09, 0.70
> 3200	0.32	0.45	0.47	-0.56, 1.21
PRA3-8. Superior Access				
Yes	-0.04	0.11	0.71	-0.25, 0.17
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	-0.05	0.75	0.94	-1.52, 1.41
15 - 30 min	0.20	0.74	0.79	-1.26, 1.65
31 - 45 min	-0.03	0.79	0.97	-1.57, 1.52
Province				
<i>Quebec is the reference category</i>				
Ontario	-0.09	0.34	0.80	-0.76, 0.59
B.C.	-0.06	0.52	0.90	-1.07, 0.95
Newfoundland and Labrador	-0.43	0.61	0.48	-1.62, 0.76
Alberta	-0.14	0.40	0.73	-0.93, 0.66
New Brunswick/P.E.I.	-0.33	0.53	0.54	-1.38, 0.72
Saskatchewan	0.33	0.80	0.68	-1.23, 1.89
Nova Scotia	0.14	0.53	0.79	-0.89, 1.18
Manitoba	-0.28	0.71	0.70	-1.67, 1.12

Table A3.10 Linear Regression Model Estimates: Evaluation				
Evaluation N=702; R ² =0.28	Estimate	SE	Pr > t	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?				
<i>Rural is the reference category</i>				
Large city centre	-0.13	0.19	0.49	-0.50, 0.24
Suburbs	-0.05	0.22	0.81	-0.48, 0.37
Small (town)	0.23	0.20	0.26	-0.17, 0.63
Mixed urban-rural	0.42	0.22	0.06	-0.01, 0.86
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?				
Yes	0.50	0.15	0.00	0.20, 0.80
FPS7. What is the (estimated) size of your practice population?				
<i>801 - 1600 is the reference category</i>				
≤ 800	-0.11	0.17	0.50	-0.45, 0.22
1601 - 2400	-0.41	0.17	0.02	-0.75, -0.06
2401 - 3200	-0.47	0.24	0.06	-0.95, 0.01
> 3200	-0.49	0.24	0.05	-0.96, -0.01
PRA3-8. Superior Access				
Yes	0.15	0.06	0.01	0.04, 0.27
PES48. How long did you wait between the scheduled time of your appointment and the consultation?				
<i>> 45 min is the reference category</i>				
< 15 min	-0.61	0.40	0.13	-1.40, 0.19
15 - 30 min	-0.60	0.40	0.13	-1.38, 0.19
31 - 45 min	-0.47	0.43	0.27	-1.31, 0.36
Province				
<i>Quebec is the reference category</i>				
Ontario	2.28	0.19	<.0001	1.92, 2.65
B.C.	2.01	0.28	<.0001	1.46, 2.55
Newfoundland and Labrador	0.26	0.32	0.42	-0.37, 0.90
Alberta	1.15	0.22	<.0001	0.72, 1.58
New Brunswick/P.E.I.	0.78	0.29	0.01	0.21, 1.34
Saskatchewan	0.70	0.43	0.10	-0.14, 1.54
Nova Scotia	1.59	0.28	<.0001	1.04, 2.15
Manitoba	2.06	0.38	<.0001	1.31, 2.81

Table A3.11 Logistic Regression Model Estimates: System Support					
System Support N=661; R ² =322.32	Estimate	SE	Pr > ChiSq	Odds Ratio	95% Confidence Interval
FPS4. How would you characterize the place where you are currently practicing?					
<i>Rural is the reference category</i>					
Large city centre	-0.29	0.18	0.11	1.03	0.55, 1.92
Suburbs	0.44	0.20	0.03	2.13	1.11, 4.10
Small (town)	-0.23	0.21	0.26	1.09	0.56, 2.13
Mixed urban-rural	0.39	0.21	0.06	2.03	1.04, 3.99
FPS5. Is your clinic part of a new model of primary care benefiting from special funding or part of a governmental lead reform?					
Yes	0.78	0.22	0.00	2.18	1.43, 3.33
FPS7. What is the (estimated) size of your practice population?					
<i>801 - 1600 is the reference category</i>					
≤ 800	-0.43	0.24	0.07	0.39	0.23, 0.69
1601 - 2400	0.23	0.22	0.28	0.76	0.46, 1.27
2401 - 3200	0.09	0.33	0.77	0.66	0.30, 1.48
> 3200	-0.41	0.37	0.28	0.40	0.16, 1.01
PRA3 to PRA8. Superior Access					
Yes	0.11	0.09	0.23	1.11	0.94, 1.32
PES48. How long did you wait between the scheduled time of your appointment and the consultation?					
<i>> 30 min is the reference category</i>					
< 15 min	0.53	0.16	0.00	3.23	1.51, 6.93
15 - 30 min	0.11	0.16	0.51	2.12	0.99, 4.55