

## Awareness and Use of Community Services among Primary Care Physicians

### Connaissance et utilisation des services communautaires par les médecins de première ligne

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## Appendix 1

### *Survey: Design and Questions*

A literature search was conducted to inform the initial content of the questions. An academic librarian searched CINAHL, Medline and PubMed around the topic of primary healthcare providers and their referrals of patients to community services. Consultations were then conducted with primary care providers and other physicians based in Toronto, to compile a more comprehensive list of community services for the survey. Study staff met with these physicians in person to get their feedback on what was missing or duplicated in the list. Lead primary care advisors and other staff at the TC LHIN also reviewed the survey for content, and their feedback was given to the study team. The survey asked physicians about their community referral practices and related barriers and facilitators and asked them to provide demographic information, including their sex, age, practice size, practice location and practice model. The survey was then piloted with a small group of physicians for formatting and content before the survey was widely distributed for the project. Four physicians completed the survey on paper in the first round, and then two completed the web version in the second round of piloting. In both rounds, physicians were asked to complete the survey on their own and were then asked a series of questions by the study staff (e.g., “How did you come to your response and pick an option?”, “How do you recall who makes the referrals in your practice?” “How do you recall overcoming barriers and making the referrals yourself?”). The final survey (see next page) included 17 questions over four pages and was made available via mail, fax and web.

## PRIMARY HEALTH CARE COMMUNITY SERVICES REFERRAL SCAN:

### Community services referral practices among TC LHIN physicians

Please read 'Information Sheet and Consent form for Physicians' before completing the survey

#### Do you practice as a primary health care provider in Toronto?

- Yes – go to 'Section 1 – Demographics'
- No – Thank-you. You do not need to complete the survey. Please mail this survey back in the included envelope and we will remove you from the list.

### SECTION 1 - DEMOGRAPHICS

#### 1.1 Where is your main Toronto practice? (please provide your postal code **OR** major intersection)

Postal code \_\_\_\_\_ (preferred) **OR** Major intersection: \_\_\_\_\_

#### 1.2 What is your gender?

- Female     Male     Other

#### 1.3 What is your age?

- 20 to 29     30 to 39     40 to 49     50 to 59     60 to 69     70 to 79     80+

#### 1.4 How many years have you been practicing in Toronto? (number of years) \_\_\_\_\_

#### 1.5 What service model are you a part of at your main Toronto practice?

- |  |   |
|--|---|
| <input type="checkbox"/> Fee for Service<br><input type="checkbox"/> Community Health Centre – CHC<br><input type="checkbox"/> Comprehensive Care Model – CCM<br><input type="checkbox"/> Family Health Network – FHN (not including FHT)<br><input type="checkbox"/> Family Health Organization – FHO (not including FHT) | <input type="checkbox"/> Family Health Group – FHG<br><input type="checkbox"/> Family Health Team – FHT (non-academic)<br><input type="checkbox"/> Family Health Team – FHT (academic)<br><input type="checkbox"/> Other, please specify: _____ |
|--|---|

#### 1.6 How many patients do you have in your main Toronto practice? (number of patients) \_\_\_\_\_

1.7 What percentage of your patients in your <u>main Toronto practice</u> ...	%
	(If unsure, please provide your best estimate)
...is uninsured (e.g. does not have OHIP)	
...is dealing with poverty and/or housing instability	
...is medically complex (e.g. multiple chronic health issues)	
...has severe mental illness and/or addiction problems	
...is composed by recent immigrants (arrived in Canada within 5 years or less)	
...has language barriers	

### SECTION 2 – REFERRAL PRACTICES FOR COMMUNITY SERVICES

In this survey COMMUNITY SERVICE REFERRAL is defined as the scheduling or arranging for a patient to attend a (non-physician) service in the community. Do NOT include referrals to medical specialists, diagnostics, lab work or long term care in your answers.

2.1 What percentage of the community service referrals for your patients in your <u>main Toronto practice</u> are initiated by...	%
	(If unsure, please provide your best estimate)
...yourself	
...nurse practitioner	
...social worker	
...other, please specify:	

2.2 Please tell us about your awareness, usage and experience of the listed COMMUNITY SERVICES. (Check all that apply)	For FHTs and CHCs only: Check all services that are available within your team or organization	A. Which services are you aware of?	B. Which services have you or your team referred patients to in the <u>past 12 months</u> ?	C. If applicable, check off all barriers that have prevented you from making a referral to the service EVERY TIME you needed to				
				Provider's Knowledge Gap Unsure of services available/ appropriate for patient, unclear guidelines, forgot a service exists	Provider's Prior Experience Expectation of difficult access due to prior referral experience to community service	Availability and Accessibility of Service for Patient Service gaps, waitlist, accessibility issues (e.g. location, language, hours of operation, insurance)	Administrative Process for Submitting Referral Not part of EMR, not setup for easy-use, too many different types of forms	Provider's Time Constraints Finding the appropriate service, completing referral, following up with agency, not enough time with patient
<b>Community Support Services</b>								
Attendant care (i.e. for people living with physical disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal support and home help directly through community agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing support (e.g. RGI, shelters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g. Wheel-Trans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Mental Health and Addictions Services</b>								
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management and assertive community treatment teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addictions treatment services (community clinic or residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational/employment services (e.g. Progress Place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups (e.g. Alcoholics Anonymous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Health Education Programs</b>								
Diabetes education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-management support programs for chronic diseases (not including Diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating, weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Hepatitis C education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy babies (e.g. public health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physiotherapy Services – Publicly Funded Clinics</b>								
OHIP insured physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exercise and Falls Prevention Programs</b>								
Group exercise classes for seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes focused on creating safe environments for seniors at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2.3 In your experience what has worked well for a successful community service referral?

## SECTION 3 – CENTRALIZED ACCESS SERVICES

3.1 Please tell us about your awareness and usage of the listed CENTRALIZED ACCESS SERVICES. (Check all that apply)	A. Which services are you aware of?	B. Which services have you used in the past 12 months?
<b>Mental Health</b>		
<b>Coordinated Access to Addictions Services:</b> a central phone number that individuals, family members and community agencies can call for addiction support within the City of Toronto.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Toronto Mental Health and Addictions (MHA) Access Point (The Access Point):</b> a coordinated access point for people to apply for individual mental health support services, case management, assertive community treatment teams, early psychosis intervention and supportive housing.	<input type="checkbox"/>	<input type="checkbox"/>
<b>ConnexOntario:</b> provides health services information for people experiencing problems with alcohol and drugs, mental illness or gambling.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access CAMH:</b> designed to provide a single access point for all referrals and requests for information on CAMH ambulatory clinical services.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Toronto Withdrawal Management Services System:</b> is an access phone number for those who need to connect to Community, Residential and/or Day Withdrawal Management Services.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seniors</b>		
<b>Community Navigation and Access Program (CNAP)/CCAC Collaborative Hub :</b> a network of over 30 community support service agencies and the CCAC in the Toronto area who are collaborating to improve access and coordination of support services for older adults, their care providers and health care stakeholders (including Senior Crisis and Access) .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chronic Disease</b>		
<b>Toronto Central Diabetes Referral Service:</b> connects people to a Diabetes Education Program that best meets their needs.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Telehomecare Program (CCAC):</b> supports people with chronic conditions to effectively manage their disease at home by providing equipment for people to measure their vital signs. Results are monitored by Telehomecare clinicians and are shared with their primary care provider. Weekly coaching sessions are offered.	<input type="checkbox"/>	<input type="checkbox"/>
<b>People with Disabilities</b>		
<b>Centre for Independent Living – Project Information Centre:</b> centralized point of access for people living with physical disabilities applying for supportive housing, attendant outreach services and transitional and life skills program.	<input type="checkbox"/>	<input type="checkbox"/>
<b>All Patient Groups</b>		
<b>Community Care Access Centre (CCAC):</b> help coordinate home care services or arrange applications to long-term care facilities. Other services include arranging delivery of government-funded home and community support services, determining eligibility for government-funded services and settings, or determining the availability of financial subsidies for particular service options.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2-1-1 (<a href="http://www.211toronto.ca">www.211toronto.ca</a>):</b> a website of over 20,000 community, health, social and related government services in the City of Toronto.	<input type="checkbox"/>	<input type="checkbox"/>
<b>TheHealthLine.ca:</b> an online provincial database of more than 50,000 health service profiles by each LHIN.	<input type="checkbox"/>	<input type="checkbox"/>

## 3.2 Do you have any suggestions on how to improve the community service referral processes and/or examples of good or bad experiences?

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## IPAD DRAW/FOLLOW-UP

**Would you like to be entered in a draw to win one of three iPads?**

- Yes (please provide your email address)
- No

**If we decide to do a follow-up study, would you like to be contacted for possible participation?**

- Yes (please provide your email address)
- No

**Email:** \_\_\_\_\_  
Only to be used for the purpose indicated by you (draw and/or potential follow-up study). Your email address will be stored separately from your survey responses and will not be shared with anyone outside of the team.

**Thank you!**

Please place completed survey in the provided postage-paid envelope and mail back to the study team.