2019 INTERNATIONAL HEALTH POLICY
Survey of Primary Care Physicians

The Commonwealth Fund

INSTRUCTIONS: Thank you for your help with this important study. The purpose of this survey is to gain an understanding of your experiences with the healthcare delivery system. Your responses to this survey are completely confidential.

You can complete this survey online at:
www.internationaldoctorsurvey.org and enter the following passcode: **XXXX**

Please read each question carefully. Using a blue or black pen, mark the box next to the appropriate response as indicated. It should take you about 15 minutes to complete the survey. Once you have completed the survey, please return it in the enclosed postage-paid envelope.

If you have any questions about the survey, please call Rob Manley at 1-800-633-1986, Ext. 4399 or email **info@internationaldoctorsurvey.org**

IF YOU PRACTICE IN MULTIPLE SETTINGS, PLEASE CONSIDER YOUR <u>MAIN</u> PRACTICE SETTING (I.E., WHERE YOU SPEND THE MOST TIME WITH PATIENTS) WHEN ANSWERING THIS SURVEY.

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5. Do you or any other health care professionals that work with you in your practice provide care in the following ways:

	Yes, Frequently	Yes, Occasionally	Never
Make home visits	☐	☐	☐
Coordinate care with social services or other community providers	☐	☐	☐
Use video consultations	☐	☐	☐

8. Not including hospital emergency departments, does your practice have an arrangement, either within or with another practice, where patients can be <u>seen</u> by a doctor or nurse when the practice is closed (e.g., after-hours)?

   ☐ Yes
   ☐ No

11. For patients with <u>chronic conditions</u>, how often do you or other health care professionals in your practice provide care in the following ways:

	Usually (75-100% of the time)	Often (50–74% of the time)	Sometimes (25–49% of the time)	Rarely (1–24% of the time)	Never
Use remote monitoring or connected medical devices to monitor patients, where clinically appropriate	☐	☐	☐	☐	☐

14. When your patients have been referred to a <u>specialist</u>, how often do you:

	Usually (75-100% of the time)	Often (50–74% of the time)	Sometimes (25–49% of the time)	Rarely (1–24% of the time)	Never
Send the patient history and the reason for the consultation to the specialist	☐	☐	☐	☐	☐
Receive from the specialist information about <u>changes</u> made to the patient medication or care plan	☐	☐	☐	☐	☐
Receive a report with the results of the specialist visit within 1 week of service	☐	☐	☐	☐	☐

15. How often do you receive notifications that your patients have been:

	Usually (75-100% of the time)	Often (50–74% of the time)	Sometimes (25–49% of the time)	Rarely (1-24% of the time)	Never
Seen for <u>after-hours care</u>	☐	☐	☐	☐	☐
Seen in an <u>emergency department</u>	☐	☐	☐	☐	☐
Admitted to a <u>hospital</u>	☐	☐	☐	☐	☐

16. After your patients have been discharged from a hospital, how long does it take, on average, before you receive the information you need to continue managing the patient, including recommended follow-up care?

   ☐ Less than 24 hours
   ☐ 24 to less than 48 hours
   ☐ 2-4 days
   ☐ 5-14 days
   ☐ 15-30 days
   ☐ More than 30 days
   ☐ Rarely or never receive this type of information

17**.** For your patients who receive home-based nursing care, how often:

	Usually (75-100% of the time)	Often (50–74% of the time)	Sometimes (25–49% of the time)	Rarely (1–24% of the time)	Never	Does not apply
Do you communicate with home-based nursing care providers about your patients' needs and the services to be provided?	☐	☐	☐	☐	☐	☐
Are you advised by the home-based nursing care providers of a relevant change in your patients' condition or health status?	☐	☐	☐	☐	☐	☐

19. What challenges, if any, do you or other personnel in your practice experience when coordinating your patients' care with social services?

	Major Challenge	Minor Challenge	Not a Challenge
Lack of a referral system or mechanism to make referrals	☐	☐	☐
Inadequate staffing to make referrals and coordinate care with social service organizations	☐	☐	☐
Lack of follow-up from social service organizations about which services patients received or need	☐	☐	☐

22**.** Can you electronically exchange the following with any doctors <u>outside</u> your practice?
(Note: Do not include fax or regular email.)

	Yes	No	Not sure
Patient clinical summaries	☐	☐	☐
Laboratory and diagnostic test results	☐	☐	☐
Lists of all medications taken by an individual patient	☐	☐	☐

23**.** Please indicate whether your practice offers <u>your patients</u> the option to:

	Yes	No	Not sure
Communicate with your practice via email or a secure website about a medical question or concern	☐	☐	☐
Request appointments online *(Note: Do not include email)*	☐	☐	☐
Request refills for prescriptions online *(Note: Do not include email)*	☐	☐	☐
View test results online	☐	☐	☐
View patient visit summaries online	☐	☐	☐