



Primary Care Patient/Client Virtual Care Experience Survey

Appendix A: 5 Core Questions of Patient/Client Virtual Care Experience Survey

We understand that all the survey questions may not be applicable to your practice in collaboration with patient advisors we have identified 5 core questions that we *highly recommend* remain consistent when being asked and highly recommend you report back to AFHTO in order to support the provincial initiative. **The 5 core questions include: 2, 3, 5, 7, 8.**

2. Thinking of the most recent time you received care virtually:

a. Before virtually connecting with your provider, did you receive any instructions on how to connect?

- Yes
- No
- Not required

b. How did you connect with your provider? (please select all that apply)

- Telephone
- Videoconference (e.g. OTN e-visit, Facetime, Zoom, Skype, WhatsApp, Google Meet/Hangout, etc.)
- Chat/Text Message
- Secure Messaging
- Email
- Other: _____

c. Would this be your preferred method of contact? (Other than face-to-face)

- Yes
- No

d. Have you experienced any of the following issues or concerns in relation to this appointment? (please select all that apply)

- Instructions to join virtual visit were unclear
- Concerns about privacy and security
- More comfortable with in-person visit
- Health issue required an in-person visit to address
- Not comfortable with technology
- Connectivity issues (ex: Had to switch mode of communication during visit)
- Other, please specify:

e. Are there limitations that prevent you from connecting with your provider virtually?

(please select all that apply)

- No or unreliable access to internet
- No or unreliable access to a phone
- No access to a computer/laptop/tablet
- No limitations
- Other, please specify:

3. If you weren't able to access this virtual care with your clinic, what would you have done?

- Booked an in-person appointment with my doctor or nurse practitioner
- Called Telehealth Ontario
- Called the office and try to resolve my issue over the phone
- I would not have sought care at the time
- Used a different virtual service (e.g. Maple, seethedoctor.ca)
- Visited a walk-in-clinic
- Visited the Emergency Room
- Other (please specify) _____

5. Overall, compared to an in-person visit how was your experience with receiving care virtually?

- Worse** than an in-person visit
- Same** as an in-person visit
- Better** than an in-person visit
- Unsure**

Comments:

7. Thinking about the most recent time you received care virtually, please tell us how much you agree or disagree with the following statements:

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | N/A |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|------------|
| My health concern was addressed with the virtual visit. | | | | | | |
| I was able to communicate my health issue virtually as well as I would have in-person. | | | | | | |
| I had an opportunity to ask questions about recommended treatment. | | | | | | |
| I was involved as much I wanted to be in decisions about my care and treatment. | | | | | | |
| My healthcare provider spent enough time with me. | | | | | | |
| Virtual care saved me time. | | | | | | |
| Virtual care saved me money (e.g. by not having to pay for transportation/parking, care for dependents, not having to take time off work, etc.). | | | | | | |
| The technology was easy to use. | | | | | | |
| The level of privacy and confidentiality maintained during my appointment was appropriate. | | | | | | |
| I felt safe (emotionally and physically) during my virtual appointment. | | | | | | |

8. How likely are you to choose to receive care virtually again (where appropriate) when in-person visits are more available?

- Very unlikely
 Unlikely
 Neutral / I don't have a preference either way
 Likely
 Very likely

Please explain: -
