



Patient Perspectives and Satisfaction of Primary Virtual Care in the COVID-19 Pandemic Era

PARTICIPANT INFORMATION AND CONSENT FORM

Researchers:

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Dear Participant,

The following questions are designed to understand your experiences using Virtual Care during the COVID-19 pandemic. "Virtual Care" means interacting with health care provider in some way that is not face-to-face. This can include by telephone, video conference, email. A health care worker includes seeing any of the following: a Family Doctor, a specialist doctor, a resident Doctor, a Nurse Practitioner, or a Pharmacist.

You are invited to participate in this survey because you have accessed medical care using Virtual Care during the COVID-19 pandemic. You will have the opportunity to provide your contact information at the end if you would like to participate in a follow up interview.

We want to understand the how the COVID-19 pandemic has affected patient satisfaction, perceptions, and attitudes to Virtual Care in Saskatchewan.

Potential Benefits: We hope our results will identify the problems with Virtual Care for patients and health care providers, explore solutions, and inform planning for the future. Although these benefits are not guaranteed.

Potential Risks: There are no known or anticipated risks to you by participating in this research.

This survey should take less than 10 minutes of your time.

Participation is voluntary. You can decide not to participate at any time by closing your browser, or choose not to answer any questions you do not feel comfortable with. Survey responses will remain anonymous. Since the survey is anonymous, once it is submitted it cannot be removed.

Your participation and responses will be anonymous. As such, it will be impossible to withdraw your responses if you choose to participate then later change your mind. Responses will be stored in a password-protected folder on the University of Saskatchewan server, and permanently deleted after 5 years. Results may be published and presented at conferences.

A summary of study results will be available in September 2020 and will be posted on the Department of Anesthesiology's publicly available website. We also intend to present parts of this work at scholarly conferences and publish a manuscript in a scholarly journal.

This research project has been approved by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975, or toll free (888) 966-2975.

If you have any questions or concerns, please contact the researcher(s) using the information at the top of this page.

By completing and submitting this questionnaire, your free and informed consent is implied and indicates that you understand the above conditions of participation in this study.

Do you agree to participate?

- Yes
- No



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Demographics

Are you completing this survey on your own or is someone helping you?

- By myself
- Receiving help

Did you use Virtual Care prior to the COVID-19 pandemic?

- Yes
- No

Are you currently using Virtual Care because of the COVID-19 pandemic?

- Yes
- No

How old are you?

Gender

- Male
- Female
- Other
- Prefer not to answer

Do you live and care for yourself independently?

- Yes
- No

What is your marital status? Check the box that currently applies to you.

- Single/never married
- Married/common law
- Divorced/separated
- Widowed

Where do you live? Check the box that usually applies to you.

- Regina
- Saskatoon
- Moose Jaw
- Swift Current
- Prince Albert
- North Battleford
- Yorkton
- La Ronge
- Other

What is the highest level of education you have completed?

- No School
- Primary school (grade K-8)
- Secondary school (grade 9-12)
- Trade/technical/vocational school
- University / bachelor degree
- Post-Graduate degree

How would you rate your general health?

- Excellent
- Very good
- Good
- Fair
- Poor

Please indicate your familiarity with technology (ie. Apple, Google, Android, world wide web).

- Very familiar
- Familiar
- Neutral
- Unfamiliar
- Very unfamiliar



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Comorbidities

Do you have a current or past history of underlying medical conditions?

- Yes
- No



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Charlson Comorbidity Index

Do you have a currently or past history any of the following health conditions? Please check all that apply.

- Heart attack
- Congestive heart failure (requiring hospitalization or medical treatment)
- Peripheral vascular disease (circulation problems)
- Atrial fibrillation / irregular heart beat / arrhythmias
- Heart murmur / heart valve problems
- Pacemaker
- Stroke or transient ischemic attack (TIA)
- Hemiplegia or paraplegia (paralysis from stroke, trauma or other causes)
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Other lung disease
- Diabetes (treated with medications – pills or injections)
- Complications from diabetes (eye problems, kidney problems or foot ulcers)
- Moderate kidney disease (blood test show high creatinine)
- Severe Kidney disease (on dialysis, kidney transplant)
- Mild liver Disease
- Severe liver disease (Cirrhosis)
- Gastric ulcer
- Alzheimer's / dementia
- Connective tissue disease such as rheumatoid arthritis, lupus, polymyalgia rheumatica, sarcoidosis
- Hypertension (elevated blood pressure)
- Decubitus ulcer, peripheral skin ulcers, repetitive cellulitis (skin infection)
- Depression
- Use of warfarin or blood thinners
- Drug/alcohol use disorder
- Leukemia
- Lymphoma
- Cancer other than basal cell skin cancer, lymphoma or leukemia that is localized
- Cancer other than basal cell skin cancer, lymphoma, leukemia that has spread (metastasized)
- Other (please specify)

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Virtual Visit Information

What method(s) have you used for virtual visits during COVID? Please select all that apply.

- Phone call
- Videoconference
- Email
- Other (please specify)

What type of consultation(s) did you have by Virtual Care? Please select all that apply.

- First time virtual visit for this problem
- Virtual follow-up
- Virtual visit as new patient with provider

What type of health care provider(s) did you consult with during your Virtual Care consultation(s)? Please select all that apply.

- Your usual Family Physician
- Other Family Physician
- Nurse Practitioner
- Pharmacist
- Specialist

Have you had previous "in person visits" with your provider(s)?

- Yes
- No

What was the reason for your Virtual Care consultation(s)? Please select all that apply.

- Mental health
- Prenatal consultation
- Diabetes
- Congestive heart failure (requiring hospitalization or medical treatment)
- Other heart problem
- High blood pressure
- Chronic obstructive pulmonary disease (COPD)
- Other lung problem
- Musculoskeletal problem
- Dermatological / skin related
- Fever / respiratory / cold symptoms
- Urinary infection
- General problem / other (please specify)



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Virtual Care Outcomes

What was the outcome of your Virtual Consultation(s)? Please select all that apply.

- Prescriptions renewal
- New prescription
- I was referred to a specialist
- I received information related to the reason of my appointment / concern
- I received online resources related to the reason of my appointment / concern
- A face-to-face appointment was scheduled
- I was advised to call 911
- I was advised to go to Emergency Department
- I was advised to call 811
- I was referred to the COVID assessment center

During your Virtual Care did your provider(s) request you measure any of the following? Please select all that apply.

- Blood Pressure
- Temperature
- Blood sugar
- Any other physical exam maneuvers



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Satisfaction

Please indicate your level of agreement with the following statements. If you have had multiple virtual visits, please describe your average/overall experience.

Scheduling

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
It was easy to schedule my virtual visit	<input type="radio"/>				
My virtual visit started on time	<input type="radio"/>				
The time and date of my visit was convenient	<input type="radio"/>				

Technology

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
It was easy to connect with my provider for the virtual visit	<input type="radio"/>				
The quality of connection during my virtual visit was adequate	<input type="radio"/>				
I was able to hear clearly and understand my provider	<input type="radio"/>				

Provider

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
The health care provider introduced him/herself in a clear way	<input type="radio"/>					
The provider was friendly and courteous during the virtual visit	<input type="radio"/>					
The provider has overall good knowledge in explaining my condition	<input type="radio"/>					
The health care provider had a good knowledge of my current and previous medical history	<input type="radio"/>					
The health care provider had a good knowledge of my medications	<input type="radio"/>					
The health care provider had a good knowledge of my test results	<input type="radio"/>					
The provider took appropriate time to listen to me	<input type="radio"/>					
The provider showed interest in my concern	<input type="radio"/>					

Personal

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I was confident about my privacy during my virtual visit	<input type="radio"/>				
I felt that the health care provider responded appropriately to my concerns made during the virtual visit	<input type="radio"/>				
The directions given by the provider during the virtual visit were clear	<input type="radio"/>				
I was concerned during my virtual visit because I was not able to have a physical examination	<input type="radio"/>				

General

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I felt that the virtual visit was as good as having an in-person visit	<input type="radio"/>				
My expectations with the virtual visit were met	<input type="radio"/>				
I would recommend virtual visits to other people	<input type="radio"/>				
I would choose a virtual visit over an in-person visit	<input type="radio"/>				
I would recommend Virtual Care to other people	<input type="radio"/>				
I would continue using Virtual Care if face to face options are available	<input type="radio"/>				

Do you agree the following are advantages of Virtual Care?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Less total time required to access care	<input type="radio"/>				
Quicker access/easy to get an appointment	<input type="radio"/>				
Transportation not required	<input type="radio"/>				
Less waiting at the Clinic	<input type="radio"/>				
Quality of care is better	<input type="radio"/>				
Avoid work absence	<input type="radio"/>				
No need to arrange for caregiver for other family members	<input type="radio"/>				

If I was unable to access Virtual Care, I would:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Not access care	<input type="radio"/>				
Go to the hospital Emergency Room	<input type="radio"/>				
Go to a walk-in clinic	<input type="radio"/>				
Try to reschedule a Virtual Care appointment	<input type="radio"/>				
Be unsure how to proceed	<input type="radio"/>				

Can you describe your overall satisfaction with using Virtual Care?

Can you describe how COVID-19 has impacted your perception of accessing Virtual Care?

If you have any additional comments regarding your Virtual Care experience, please feel free to share them

Would you be willing to be contacted to conduct a 30-minute semi-structured interview around virtual care and digital health? If yes, please provide your email address or phone number to be contacted: