

March 2003

*Business Consulting Services
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Primary Care Physician Survey - Role of Nurse Practitioners

Survey A

Throughout this survey, we are using the terms “Nurse Practitioner” and “NP” for those nurses who have obtained their extended class (EC) certificate (certification by the College of Nurses of Ontario to function as an NP).

Section I – Physician Profile

1. Gender Male Female

2. What is your age in years? _____ years

3. Year of graduation from medical school 19 _____

Section II. Experience Working with an NP

4a. Do you currently work with an NP or have you worked with an NP in the past? (*Check both if apply*)

Currently work with an NP Worked with an NP in the past

4b. How long have you worked with an NP in the past? (Total time)

< 1 year 6-10 years
 1-2 years >10 years
 3-5 years

If you practice with more than one NP, please answer the following questions with respect to the NP with whom you work more closely. Note: for ease of completion, all questions are worded as if you are currently working with an NP. Although you may not be currently working with an NP, please respond to these questions for the time you did work with an NP.

5. Please indicate in which of the following practice settings you work most closely with an NP. (*Check ONE only*)

<input type="checkbox"/> Family Health Network/Primary Care Network	<input type="checkbox"/> Public Health Department
<input type="checkbox"/> Health Service Organization	<input type="checkbox"/> Nursing Home/Home for the Aged
<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Aboriginal Health Access Centre
<input type="checkbox"/> Solo Private Practice	<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Private Group Practice (excluding free-standing walk-in clinics)	<input type="checkbox"/> Hospital In-patient Unit/Ward
<input type="checkbox"/> Free-standing Walk-in Clinics	<input type="checkbox"/> Other (specify) _____

6. Does education of health professional students (e.g. family medicine residents, NP students) occur in this setting? Yes No Don't know

7. Is this practice setting in an officially designated UNDERSERVICED area? Yes No Don't know

8a. In a typical week, please estimate how much time do you spend working directly with the NP?

_____ hours per week

8b. Please describe the ways you communicate/interact with the NP in your practice setting (Check ALL that apply)

- Discussions on the telephone
- Unplanned communication (e.g. meeting in the hallway)
- As needed – e.g. the NP seeks me out when there are questions about a patient
- Regular meetings
- Work side by side with the NP
- Review charts/orders (please provide number of hours per week) _____

9. How is the NP funded? (Check ALL that apply)

- Designated funding from Ministry of Health and Long Term Care
- Other (please specify) _____
- Physician earnings _____

10. In the past 12 months, approximately what proportion of your professional income did you receive from each of the following payment methods? (Excluding income for teaching, research, etc). (TOTAL MUST EQUAL 100%)

<input type="checkbox"/> Fee-for-service _____%	<input type="checkbox"/> Capitation _____%
<input type="checkbox"/> Salary _____%	<input type="checkbox"/> Other (please specify) _____%
<input type="checkbox"/> Sessional payments _____%	

11a. Do you or your practice setting incur NP-related expenses for which funds are not provided? No Yes go to 11b
 Do not know

11b. If yes, what type of expenses are they? (Check ALL that apply)

- Additional rent
- Office expenses (e.g. supplies, telephone, printing, travel, etc.)
- Capital costs (e.g. medical and office equipment, information technology, etc.)
- Support services (e.g. administrative/ receptionist support)
- Costs related to patient health education / promotion
- Additional insurance costs
- Costs related to NP continuing education
- Other (please specify)

11c. Please estimate the total overhead costs related to the presence of the NP in your practice setting (excluding salary). (Provide a range if needed) \$_____/yr to \$_____/yr

12a. Below is a list of services that an NP may provide. Please indicate the services provided by the NP and rank the TOP 3 SERVICES (1 being the most valuable contribution that the NP makes to the practice)

Services	Check all that apply	Rank the TOP 3 Service (1 = most valuable contribution)
Prevention/wellness care/health promotion	<input type="checkbox"/>	_____
Care of minor acute illness	<input type="checkbox"/>	_____
Care of major acute illness	<input type="checkbox"/>	_____
Monitoring of chronic illness	<input type="checkbox"/>	_____
Care of palliative patients	<input type="checkbox"/>	_____
Home visits to housebound patients	<input type="checkbox"/>	_____
Night and weekend on-call coverage	<input type="checkbox"/>	_____
Linkages to community organizations (e.g. CCACs)	<input type="checkbox"/>	_____
Psychosocial support and counselling	<input type="checkbox"/>	_____
Other (specify) _____	<input type="checkbox"/>	_____

12b. Are there any activities NOT currently undertaken by the NP that you believe s/he should be doing?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes, specify	_____ _____ _____

12c. Are there any activities currently undertaken by the NP which you believe s/he should not be doing do?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes, specify	_____ _____

Section III. Nurse Practitioner-Physician Relationship

13. Please check whether you agree or disagree with the following statements about how you and the NP provide patient care. Please check the <u>one</u> best answer for each statement below	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	6 Not applicable
Plan together to make decisions about the care for the patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate openly as decisions are made about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share responsibility for decisions made about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operate in making decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider both nursing and medical concerns in making decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordinate implementation of a shared plan for patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate trust in the other's decision making ability in making shared decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect the other's knowledge and skills in making shared decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully collaborate in making shared decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section IV. Facilitators and Barriers to the Integration of the Nurse Practitioner role

Facilitators

14. In your experience, what factors facilitate effective integration of NPs? (Check all that apply and rank the top 3 facilitators)	Facilitators	Rank Top Three Facilitators
How the working relationship between the MD and NP is structured]	_____
The nature of the NP employment relationship (e.g. employed by organization, employed by physician practice)]	_____
Co-workers' understanding of the role of the NP]	_____
Co-workers' acceptance of the role of the NP]	_____
Acceptance of the role of the NP by health care providers outside of the practice (e.g. specialist MDs)]	_____
Practice style of the NP]	_____
Expertise of the NP]	_____
Confidence of the NP]	_____
Acceptance of NP role by patients]	_____
Acceptance of NP role by the Community]	_____
Other (please specify) _____]	_____

Barriers

15. In your experience, what factors create barriers to effective integration of NPs? (Check all that apply and rank the top 3 barriers)	Barriers	Rank Top Three Barriers
How the working relationship between the MD and NP is structured]	_____
The nature of the NP employment relationship (e.g. employed by organization, employed by physician practice)]	_____
Co-workers' level of understanding of the role of the NP]	_____
Co-workers' level of acceptance of the role of the NP]	_____
Level of acceptance of the role of the NP by health care providers outside of the practice (e.g. specialist MDs)]	_____
Practice style of the NP]	_____
Expertise of the NP]	_____
Confidence of the NP]	_____
Resistance of patients to the NP role]	_____
Resistance of the community to the NP role]	_____
Lack of space for NP]	_____
Inadequate funding for NP salary]	_____
Inadequate funding for NP-related expenses (e.g. travel, continuing education, NP practice overhead)]	_____
Legislative barriers to NPs practicing within their scope of training (e.g. Public Hospitals Act)]	_____

15. In your experience, what factors create barriers to effective integration of NPs? (Check all that apply and rank the top 3 barriers)	Barriers	Rank Top Three Barriers
Other (Please specify) _____		

16. Please indicate the extent to which you agree with each of the following statements regarding the benefit to you of working with an NP				
	1	2	3	4
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Reduces physician workload]]]]
Allows physicians to focus their skills in the care of more acute or complex patient problems]]]]
Allows the practice settings to see more patients]]]]
NPs can focus time and expertise on specific patient populations (e.g. elderly, patient with diabetes)]]]]
NPs can focus time and expertise on wellness and health promotion]]]]
NPs can focus time and expertise on patient education about their health problems, treatment etc.]]]]
NPs can apply knowledge and expertise in linking patients with community resources]]]]
Other (please specify) _____]]]]

Section V. Nurse Practitioner Funding

17. How do you think that NPs should be remunerated (please indicate your level of agreement)				
	1	2	3	4
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
NP paid directly by MOHLTC or an intermediary (other than physician)]]]]
Funding provided by the MOHLTC to a physician employer]]]]
Funding paid by the MOHLTC to an organization employer (such as a long term care facility, CHC)]]]]
NP paid out of physician(s) professional earnings]]]]
NP directly bills OHIP for services rendered]]]]
Other (please specify) _____]]]]

18. Who should be the NP employer? (Check ONE only)

MOHLTC	<input type="checkbox"/>
MD or group practice	<input type="checkbox"/>
Health centre or organization	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Municipality or regional authority	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>

Section VI. Satisfaction with the Role of the Nurse Practitioner

19. Please indicate your level of satisfaction with the NP by checking the one best response for each item below:

	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Somewhat Satisfied	4 Very Satisfied
Quality of care provided by NP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time NP spends with each patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation with physician when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician ability to access the services of the NP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time NP spends completing documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time required to support the NP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How has your workload been affected by working with the NP?

Increased	<input type="checkbox"/>	_____ % increase	or	_____ hours per week
Decreased	<input type="checkbox"/>	_____ % decrease	or	_____ hours per week
No change	<input type="checkbox"/>			
Not Applicable (e.g. have always worked with an NP)	<input type="checkbox"/>			

21. Has working with an NP affected the number of patients receiving care in your practice setting?

<input type="checkbox"/> Yes, increased number of patients	<input type="checkbox"/> Yes, but decided not to increase number of patients
<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<input type="checkbox"/> Not Applicable (setting has always had an NP)	

22. Has working with an NP affected the nature of the patient population in your practice setting?

<input type="checkbox"/> Yes (please briefly describe) _____	
<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<input type="checkbox"/> Not Applicable (setting has always had an NP)	

23. How has working with an NP affected your take home pay?

Increased Decreased No Change

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN IT IN THE STAMPED ADDRESSED ENVELOPE THAT IS ENCLOSED BY March 21, 2003.

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PLEASE PROVIDE US WITH YOUR NAME AND ADDRESS SO THAT WE CAN SEND YOU YOUR REMUNERATION FOR HELPING US COMPLETE THIS SURVEY
