



# Primary Care Patient/Client Virtual Care Experience Survey

# Measuring the Patient/Client Experience with Virtual Care in Primary Care

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## Purpose:

In the last year, Ontarians attended nearly 1,000,000 virtual care visits ([Ontario Telemedicine Network, 2019](#)). Virtual care is provided through a vast number of modalities such as voice, video, teleconference, online platforms, and mobile texting ([Pearl et al, 2014](#)). While many primary care practices in Ontario have provided virtual care in varying degrees prior to the COVID-19 pandemic, virtually overnight, primary care providers shifted most of their practice to virtual care to reduce COVID-19 spread. With this major transition in the delivery of care, it is important to understand how patients/clients are experiencing virtual care so that care can be optimized to best meet their needs.

[This survey](#) was created to help fill informational gaps to inform future planning and further support the implementation of virtual care in primary care. This survey can also be used for quality improvement purposes to allow providers to look at ways to improve their care delivery.

## Survey Development:

The rapid adoption of virtual care during the pandemic not only addresses the current needs, but it will most likely shape the future of primary care delivery beyond the pandemic. As a result, the [Association of Family Health Teams of Ontario \(AFHTO\)](#) formed a working group with a number of primary care, health system and health research organizations to measure the patient/client experience with virtual care during the COVID-19 pandemic. These organizations included: Quality Improvement in Primary Care Council (QI in PC Council), [Women's College Hospital Institute for Health System Solutions and Virtual Care \(WIHV\)](#), [eHealth Centre of Excellence \(eCE\)](#), [Ontario Health \(Quality\) \(OH\(Q\)\)](#), and [Partnering for Quality](#).

AFHTO created a first draft of the survey based on a literature review of virtual care surveys used in primary care. Due to the need to start surveying during the pandemic, and because many of the questions were adopted from existing and/or validated surveys, this survey did not undergo testing. The draft questions were reviewed and refined by the working group members.

Additionally, AFHTO engaged with four Ontario Health [Primary Care Quality Advisory Committee](#) patient advisors and one of AFHTO's [Quality Steering Committee](#) patient advisors to review and refine questions. The focus of the patient engagement is to identify questions that are meaningful to patients/clients and can help inform quality improvement of patient/client experience with virtual care in the primary care setting.

## How this Survey can be Used:

Data from this survey can be used to inform quality improvement and planning efforts. The survey was not designed to be used for benchmarking or comparative reporting; however, results can help guide practices as they plan service changes to improve their patients' experience with virtual care. This survey complements practices' existing patient/client experience surveys (ex: [Primary Care Patient Experience Survey](#) developed by OH(Q)). Practices can deploy surveys based on the type of visit the patient had:

Thinking of your most recent visit, was it provided to you in person or virtually (i.e., phone, video, or messaging)?

- a) In person → *please complete practice's existing patient/client experience survey*
- b) Virtually → *please complete the Patient/Client Virtual Care Experience Survey*

The results from this survey will help provide a high-level overview of the patient/client experience with virtual care; however practices are encouraged to capture few additional data elements to provide a more comprehensive picture of virtual care provided and support the interpretation of the patient/client experience. In particular, the collection of the following two elements will be helpful:

a) Virtual Appointment – Reason for Visit/Appointment

To accurately capture this information, it is recommended that this data is extracted from the EMR via searches/queries and provide the context for the results of this survey within similar timelines. Queries can be structured to search for which appointment modality (i.e. in-person, telephone, video etc.) was used with which reason for the visit/appointment.

b) Additional Demographic and Health Equity Data

The pandemic has highlighted health care inequities already existing in the population. It is important for practices to understand the variances in their patients' /clients' experiences which can help inform quality improvement and service planning. It is important to capture social determinants of health (SDOH) such as health-related behaviours, socioeconomic factors, and environmental factors, as they can account for 80-90% of a person's health ([Magnan, 2017](#)). Towards the end of the survey, a few questions capture demographic and health equity data, however practices are strongly encouraged to examine the following resources for additional questions:

- [Measuring Health Equity: Demographic Data Collection and Use in Toronto Central LHIN Hospitals and Community Health Centres](#)
- [The Upstream Lab](#)
- [We Ask Because We Care Questionnaire](#)

## **Data Collection:**

Practices may choose to implement the survey via various modalities such as website, online survey platforms (ex., Microsoft Forms, SurveyMonkey, RedCap, Qualtrics etc.), email, paper, and telephone. For online surveys, [a template survey for Microsoft Forms](#) has been created that can be duplicated. If you will be using SurveyMonkey, please email [Sandeep.gill@afhto.ca](mailto:Sandeep.gill@afhto.ca) and a copy of the survey will be shared with you.

[Ocean \(CognisantMD\)](#) is offering a free platform to patient experience data; however, please refer to this [guide](#) to ensure that you have completed all the steps to qualify. For your convenience, eCE has created an [Ocean eForm](#) version of the survey, now available to be imported to your Ocean (CognisantMD) site, titled "Primary Care Patient/Client Virtual Care Experience Survey". Instructions on how to import and configure the survey and data extraction can be found on the AFHTO website [here](#).

For telephone appointments there may be some options available such as adding telephone surveys as an additional duty to screeners at your clinic, creating a telephone survey student project, looking for volunteers and using a telephone survey software.

Once you have identified the method of dissemination, it is recommended that the survey be fielded for a specific period (ex. 3 weeks) and that practices review results prior to relaunching the next round of the survey. This will allow you to conduct Plan-Do-Study-Act (PDSA) cycles that are manageable and will allow for time to implement quality improvement changes to improve patient/client experience.

### **AFHTO Provincial Initiative: Help Provide a Provincial Overview of the Patient/Client Virtual Care Experience!**

Some 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. **The 5 core questions include: 2, 3, 5, 7, 8 (Appendix A).**

We also highly recommend you report back to AFHTO to support [AFHTO's Provincial Initiative](#). To further support practices in expanding and solidifying virtual care in primary health at a provincial level, AFHTO will be collecting the practice-level aggregate responses to the survey.

A minimum of 5 responses per question will be required for the submission of aggregate results. At the end of June 2021, an aggregate report will be generated with the findings from this survey **without** any identification of practices. This data will **not** be used for practice-level funding or public reporting and will only be used to support planning and quality improvement at a regional and provincial level. Participation is highly encouraged, however voluntary. If you choose to participate, please [fill in this survey](#) within the first week of the given months:

- The week of November 1<sup>st</sup>, 2020
- The week of February 1<sup>st</sup>, 2021
- The week of May 1<sup>st</sup>, 2021

### **For more information, please contact:**

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### **References:**

- Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. doi: 10.31478/201710c
- Pearl R. Kaiser Permanente Northern California: current experiences with internet, mobile, and video technologies. Health Aff (Millwood). 2014;33(2):251-257. doi:10.1377/hlthaff.2013.1005
- OTN. "Virtual Care in Action." OTN, 28 Aug. 2019, [www.otn.ca/virtual-care-in-action-archives/](http://www.otn.ca/virtual-care-in-action-archives/)

### **Primary Care Patient/Client Virtual Care Experience Survey**

Virtual care refers to health care provided by means other than in-person contact. This can include telephone, videoconference (e.g. OTN, Facetime, Zoom, Skype, WhatsApp, Google Meet/Hangout, etc.), chat/text messaging, secure messaging, or email.

Have you or someone you care for received virtual care from your family doctor, nurse practitioner or one of our other health care team members? If so, we want to hear from you!

Please complete the survey below to let us know how satisfied you were with your virtual care experience. Please think about your ***most recent*** experience either receiving virtual care or accompanying someone who was receiving virtual care.

Results are anonymous and confidential and will be used for future service planning. By completing the survey, you are providing consent for your answers to be used for quality improvement purposes. Thank you for considering participating in the survey!

**I am completing this survey:**

- ☐ For myself
- ☐ For myself with the help of another person
- ☐ For a family member or friend
- ☐ For the patient or client
- ☐ For another person
- ☐ Other (please specify your relationship with the patient, not your name): \_\_\_\_\_

Access: This section will address questions about availability of virtual appointments and your virtual connection with a provider.

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

**a. When your last appointment was booked, when did you receive an appointment for?**

- ☐ Same day
- ☐ Next day
- ☐ 2 to 3 days
- ☐ 4 to 5 days
- ☐ More than 5 days. Please enter the number of days: \_\_\_\_\_
- ☐ N/A

**b. Did you feel that your health concern needed to be addressed within the same day or next day?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**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 offered virtual care by 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) \_\_\_\_\_

Overall Experience: This section will ask you about how you felt about the care you received during your most recent virtual appointment.

**4. How would you rate your overall experience with virtual care?**

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

**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:**

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**6. How likely are you to recommend virtual care to friends and family?**

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

**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.						

Future use of Virtual Care: In this section we would like your thoughts on how to improve the future use of virtual care.

**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: -

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**9. Please select your preferred virtual method(s) of contacting your provider in the future (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: \_\_\_\_\_

**10. Are you interested in virtual group appointments (e.g. with multiple providers)?**

- ☐ Yes
- ☐ No

Additional questions: This section will capture your final thoughts.

**11. Thinking of your most recent experience with virtual care, what are...?**

**a. Two things done particularly well:**

- i. \_\_\_\_\_
- ii. \_\_\_\_\_

**b. Two things that could be improved:**

- i. \_\_\_\_\_
- ii. \_\_\_\_\_

**12. Do you have any other questions or comments that you would like to share?**

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**To help us better understand survey results, please answer the following questions in reference to the individual who received care.**

**1. Please select your age:**

- ☐ 19 or younger
- ☐ 20 to 29
- ☐ 30 to 39
- ☐ 40 to 49
- ☐ 50 to 59
- ☐ 60 to 69
- ☐ 70 to 79
- ☐ 80 and older
- ☐ Prefer not to answer

**2. Self-Identified gender:**

- ☐ Female
- ☐ Male
- ☐ Non-binary/third gender
- ☐ Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to answer

**3. Is English your preferred language?**

- ☐ Yes
- ☐ No

**If No**, what is your preferred language? \_\_\_\_\_

**4. Overall, how would you rate your knowledge with computers or technology?**

- ☐ None
- ☐ Basic
- ☐ Average
- ☐ Advanced
- ☐ Expert

Additional Comments: \_\_\_\_\_

**5. In general, how would you rate your overall health?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

**Thank you for completing our 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:

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**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:

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**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:**

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Please explain: -

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