

Supplemental Material

Tables and Figures

Supplemental Table 1: Demographic Characteristics

Characteristics	Respondents (n=121)
Age, Years	
25-44	18 (14.9)
45-55	5 (4.1%)
55-64	30 (24.8%)
65-74	39 (32.2%)
75 or older	29 (24%)
Self-Identified Gender	
Female	63 (52.5%)
Male	58 (47.5%)
Other	0 (0%)
Prefer to self-describe	0 (0%)
Race/Ethnicity	
White	120 (99.2%)
Non-White	1 (0.8%)
Self-Identified Indigenous	
Yes	6 (5%)
No	115 (95%)
Education	
High School	31 (25.6%)
College or trade school	54 (44.6%)
Bachelor's degree	19 (15.7%)
Master's degree	5 (4.1%)
Professional degree	12 (9.9%)
Self-perceived Health	
Poor	11 (9.1%)
Average	51 (42.1%)
Good	49 (40.5%)
Excellent	10 (8.3%)

Supplemental Appendix 1: Patient Satisfaction Survey

Please note that writing in italics is not a part of the official survey administered to patients. It is provided for readers to allow for better understanding of the survey grading and administration.

Introduction

You are being invited to take part in this survey because you are a patient of an Integrated Virtual Health (IVC) family physician. Your responses to the questions will help us improve the care we provide. There are 5 sections of the survey, and it will take approximately 10-15 minutes to complete.

Participation in the survey is voluntary and all your responses to the survey questions are anonymous and will be kept confidential.

To participate in the IVC survey, there are several criteria that need to be met. Please answer the following questions truthfully.

1. I am at least 18 years of age
 - a. Yes
 - b. No (*end survey*)

2. I have had at least one virtual encounter with my IVC family physician. Virtual encounters include phone calls, video calls, or secure messaging.
 - a. Yes
 - b. No (*end survey*)

3. I confirm that my responses to the questions listed above are true and correct to the best of my knowledge
 - a. Yes
 - b. No (*end survey*)

Part A: Background Information

Integrated Virtual Care (IVC) is a method of delivering comprehensive primary healthcare. As a patient of IVC, you may have virtual encounters with your family physician (phone call, video call, or secure messaging) but you may not meet them in-person. You can have in-clinic care from nurse practitioners and other allied health professionals at the Family Health Centre, as well as at-home care with a community paramedic or another member of the local family health team. All of your care is always coordinated by your family physician.

1. What type of encounter have you had with a healthcare provider through IVC? (select all that apply)
 - a. Phone call with my IVC family physician
 - b. Video call with my IVC family physician
 - c. Secure messaging with my IVC family physician
 - d. In-clinic appointment with a nurse practitioner or another member of the allied health team
 - e. At-home visit with a community paramedic or another member of the allied health team
2. Are you completing this survey for yourself or are you completing it for another person?
 - a. I am completing this survey for myself (*skip question 3*)
 - b. I am completing this survey for another person (*proceed to question 3*)
3. If you are completing this survey for someone else, who are you completing it for?
 - a. I am completing this for a family member or friend
 - b. I am completing this for the patient or client
 - c. Other (please specify your relationship with the patient, not your name): _____

Part B: Patient Satisfaction ^{7,8}

The following questions are graded on the Likert scale shown below.

Supplemental Appendix 1, Figure 1. Likert Scale Satisfaction

<i>Very dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>N/A</i>
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Your Experience with Your IVC Family Physician

1. Thinking about your most recent virtual encounter (phone, video, or secure messaging) with your family physician, how satisfied are you with the following?:
 - a. The amount of time that my family doctor spent time with me
 - b. The opportunities that my family doctor gave me to ask questions about my treatment
 - c. My involvement in decisions about my care and treatment
 - d. How easy it was to book an encounter
 - e. The length of time it took between booking my encounter and the encounter itself
 - f. My ability to book an encounter when I want it
 - g. My *overall* experience when dealing with IVC administrative staff
 - h. My *overall* process of accessing my IVC family physician
 - i. I am satisfied with having my healthcare needs resolved by virtual encounter with my family doctor (phone, video, or secure messaging) without having to visit them in-person
 - j. The privacy, security, and confidentiality of my encounter

Your Relationship with Your Family Physician ⁴

The following questions will be graded on the Likert scale shown below. Questions with an Asterix () are reverse scored.*

Supplemental Appendix 1, Figure 2. Likert Scale Agreement

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>N/A</i>
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1. The following questions ask about your relationship with your family physician. How much do you agree with the following statements?
 - a. I doubt that my family physician really cares about me as a person*
 - b. My family physician is usually considerate of my needs and puts them first
 - c. I trust my family physician so much that I always try to follow their advice
 - d. If my family physician tells me something is so, then it must be true
 - e. I sometimes distrust my family physician's opinion and would like a second one*
 - f. I trust my family physician's judgements about my medical care
 - g. I feel my family physician does not do everything they should do for my medical care*
 - h. I trust my family physician to put my medical needs above all other considerations when treating my medical problems
 - i. My family physician is a real expert in taking care of medical problems like mine
 - j. I trust my physician to tell me if a mistake was made about my treatment
 - k. I sometimes worry that my physician may not keep the information we discuss totally private*

Your Experience with Your IVC Allied Health Team^{7,8}

With IVC, you can have in-clinic care from nurse practitioners and other allied health professionals at the Family Health Centre, as well as at-home care with a community paramedic, dietician, or another member of the local family health team.

1. Have you received care from a member of the local family health team or allied health team?
 - a. Yes (*proceed to question 2*)
 - b. No (*skip question 2*)

The following questions are graded on the Likert scale shown in Supplemental Appendix 1, Figure 1.

2. Thinking about the IVC allied health provider(s) that you have had encounters with (in-person or virtually), how satisfied are you with the following?:

- a. The extent to which each allied health provider seemed to know my medical history
- b. The extent to which each allied health provider seemed to know my recent tests or exam results
- c. The extent to which each allied health provider was consistent in what they were telling me about my care and treatment
- d. The ability of each allied health provider to work well together in caring for me

Part C: Comparing Care with IVC to Previously Received Care⁵

Please answer the following questions thinking about any care (virtual or in-person) that you have received in the past, BEFORE enrolling with your current IVC family physician.

1. In the past, did you receive any care virtually (phone call, video, or secure messaging)?
 - a. Yes
 - b. No
2. In the past, did you receive any care in-person?
 - a. Yes
 - b. No
3. In the past, how did you receive the majority of your care?
 - a. Virtually (phone, video, or secure messaging)
 - b. In-person

How much do you agree with the following statement?

4. Whenever I had an encounter with my previous family physician (before I was attached to an IVC family physician), I felt satisfied with the encounter. *(This question is graded on the Likert scale shown in Supplemental Appendix 1, Figure 2)*

The following questions refer to any healthcare (virtual or in-person) that you receive currently, now that you are attached to an IVC family physician.

5. How do you receive the majority of your care with your IVC family physician?
 - a. Phone call
 - b. Video Call
 - c. Secure Messaging
6. Now that I am attached to an IVC family physician, whenever I have an encounter with them, I feel satisfied with the encounter. *(This question is graded on the Likert scale shown in Supplemental Appendix 1, Figure 2)*
7. Overall, how did your IVC virtual encounter(s) compare to an in-person encounter?
 - a. My IVC encounter was much better than any prior healthcare encounters
 - b. My IVC encounter was somewhat better than any prior healthcare encounters
 - c. My IVC encounter was about the same as any prior healthcare encounters
 - d. My IVC encounter was somewhat worse than any prior healthcare encounters
 - e. My IVC encounter was much worse than any prior healthcare encounters

Part D: Sociodemographic Information and Feedback ⁸

Sociodemographic Information

1. What is your self-identified gender?
 - a. Male
 - b. Female
 - c. Non-binary
 - d. Prefer to self-describe: _____
 - e. Prefer not to answer
2. In general, how would you rate your overall health?
 - a. Very poor

- b. Poor
 - c. Average
 - d. Good
 - e. Excellent
3. How old are you?
- a. 18-24
 - b. 25-35
 - c. 35-44
 - d. 45-54
 - e. 55-64
 - f. 65-74
 - g. 75 or older
4. How would you describe yourself?
- a. Arab
 - b. Black
 - c. Chinese
 - d. Japanese
 - e. Latin American
 - f. Southeast Asian
 - g. White
 - h. Other
5. Do you self-identify as indigenous person in Canada such as First Nation, Métis, or Inuit?
- a. Yes (how do you self-identify? _____)
 - b. No
6. What is your highest level of completed education?
- a. High school

- b. College or trade school
- c. Bachelor's degree
- d. Master's degree
- e. Professional degree
- f. Doctorate degree

Feedback

1. We are always looking to improve the way we provide primary care through IVC. Do you have any recommendations for how we can improve? _____
2. Would you recommend IVC to your family or friends? Please check ONE answer only
 - a. Definitely no
 - b. Probably no
 - c. No preference
 - d. Probably yes
 - e. Definitely yes