**CCA - Online Focus Group Weds Oct 24 5:30 PM**

**Question 1**

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| **Instructions:** | Please respond to the below questions. |

Questionnaire Results  
0/1 fully contributed  
  
  
  
**1. Do you communicate with non-prescribing healthcare practitioners? This could be you yourself personally, or others in your practice who communicate with these practitioners on your behalf.**

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | yes | PA, 8 |
| 2. | yes | PA, 3 |
| 3. | Yes | PA, 5 |
| 4. | yes | PA, 4 |
| 5. | Yes. | PA, 6 |
| 6. | Yes | PA, 2 |
| 7. | only by referral note, describing patients diagnosis | PA, 1 |
| 8. | yes | PA, 7 |

**2. If yes, please tell me how (check all that apply):**

|  |  |  |
| --- | --- | --- |
| **No.** | **Items** | **Times Selected** |
| 1. | Phone | 5 (62%) |
| 2. | Email | 4 (50%) |
| 3. | Fax | 2 (25%) |
| 4. | EHC | 1 (12%) |
| 5. | Regular Mail | 0 (0%) |

**3. Please tell me why you choose to communicate this way, and how often you communicate. Have you tried other methods in the past? If no, please tell me why you don t communicate with non-prescribing healthcare practitioners.**

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | convenience | PA, 8 |
| 2. | EHC is preferrable but there no interface so just the telephone for now Occ via fax | PA, 3 |
| 3. | Old school! Prefer to communicate in person | PA, 5 |
| 4. | thats how we do in our office | PA, 4 |
| 5. | it's easiest and fastest | PA, 6 |
| 6. | communicate multiple times per week for mutual patients. email - easy and speed fax - when sending formal information such as consult notes or issue that has to be followed up on phone - rarely, only if urgent issue to discuss EHC - communicate most frequently via this method with allied health professionals in my clinic in person - other way to communicate | PA, 2 |
| 7. | it is easier and I can include investigation,-rays an brief history. | PA, 1 |
| 8. | I do not communicate frequently | PA, 7 |

**Question 2**

|  |  |
| --- | --- |
| **Instructions:** | Do you currently use a template or form to communicate with non-prescribing practitioners about patients?  **If yes**, please tell me which one you use and why.  **If no**, please tell me why you don't use one. |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | pick up phone | PA, 7 |
| 2. | No | PA, 5 |
| 3. | no. | PA, 8 |
| 4. | please enter your responses here | IR, LK |
| 5. | no | PA, 2 |
| 6. | No | PA, 5 |
| 7. | Not available | PA, 8 |
| 8. | no | PA, 3 |
| 9. | For my elective patients I do as I am very standardized | PA, 6 |
| 10. | if no, please tell me why - thanks, Lily | IR, LK |
| 11. | no access. like to pick up phone | PA, 4 |
| 12. | I write free hand for my trauma patients | PA, 6 |
| 13. | I just type in to my EMR records | PA, 3 |
| 14. | not available and time | PA, 2 |
| 15. | i use paper files out of choice. i like sending brief hist. and X-rays, | PA, 1 |
| 16. | email | PA, 7 |
| 17. | Faxes are scanned | PA, 3 |
| 18. | Faxing is easier | PA, 4 |
| 19. | personal communication is better | PA, 7 |

**Question 3**

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| --- | --- |
| **Instructions:** | I'd like to understand**how you choose the non-prescribing practitioners you refer patients to**. Please tell me in as much detail as possible your thought process as you make the referral. |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | By patients telling us which are good. | PA, 4 |
| 2. | Physio- Patient looks for an individual geographically convenient. | PA, 8 |
| 3. | The hospital encourages me to send some to them. Otherwise the patient often suggests | PA, 5 |
| 4. | i have some of these practitioner send my patients frequently. i more ore less know them from previous contacts. at other time i hand the note to the patient to chose their own preference or someone close to where they live. | PA, 1 |
| 5. | Around our geographic area | PA, 4 |
| 6. | we refer to the facilities who are closer to their home or office and the facility is able to offer the service | PA, 3 |
| 7. | patient feedback, location, cost | PA, 2 |
| 8. | feedback from patients | PA, 6 |
| 9. | practitioners who I may have had a relationship with | PA, 6 |
| 10. | first to pop up in google | PA, 6 |

**Question 4**

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| **Instructions:** | What is your **typical treatment plan** for patients who have back pain, neck pain or knee pain? |

Ideas Results  
1/1 fully contributed

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | Meds and a therapy referral | PA, 8 |
| 2. | Back pain- physio (core stability and range of motion) | PA, 6 |
| 3. | physiotherapy, heat, pain control, activity as tolerated | PA, 2 |
| 4. | I only see knee pain and typically end stage OA. Hence most of the discussion | PA, 5 |
| 5. | neck pain- physio and massage | PA, 6 |
| 6. | Treatment initially includes explanation of cause,targeted exercies and OTC meds | PA, 3 |
| 7. | knee: physio (range, quads, knee stabiloity) injections and bracing | PA, 6 |
| 8. | Physic and massage therapy as long as you have ruled out the red flags | PA, 4 |
| 9. | is surgery | PA, 5 |
| 10. | Analgesics, NSAIDS | PA, 4 |
| 11. | If they fail, they may be referred to apprpriate health care provider that the patient may wish to visit | PA, 3 |
| 12. | i treat them myself with modalities of heat, home massage analgesia and mobilization .if these fails, massage/chiropactor. may need an x-ray first for safety sake. | PA, 1 |
| 13. | I operate on end stage arthritis | PA, 6 |
| 14. | simultaneous approach of various modalities the least of which may include controlled meds depending on aetiology | PA, 3 |

**Question 5**

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| **Instructions:** | How do you **assess and diagnose an MSK condition**?   If a patient has an MSK condition, do you typically refer to another non-prescribing healthcare practitioner (chiropractor, physiotherapist, massage therapist) or refer at all? If so, what type of information would you prefer to receive when you refer to a non-prescribing practitioner? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | I don't refer at all before surgery just after. | PA, 5 |
| 2. | only for a massage or stretching exercises. diag. by hist. perhaps X-ray. physical exam. | PA, 1 |
| 3. | History , physical and xrays. Refer to physio if appropriate | PA, 8 |
| 4. | Gold standard incudes Subective,Objective,Assessment and Plan of Rx | PA, 3 |
| 5. | history (rule out red flags), physical exam, refer to all - physio, chiro, massage | PA, 2 |
| 6. | Imaging and U/S as reqd | PA, 3 |
| 7. | I do not refer immediately, give then exercises to do at home | PA, 4 |
| 8. | history, physical and investigate..I refer non surgical candidates...if sx candidates I refer to colleagues who can operate on particular pathology | PA, 6 |
| 9. | If they do not respond well then refer | PA, 4 |
| 10. | Want to know if patient has seen PT, massage or Chiro in past and what was their satisfaction response. Thus, we involve patient in decision making | PA, 3 |

**Question 6**

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| --- | --- |
| **Instructions:** | After this referral, **when and how**would you prefer to receive correspondence from the non-prescribing practitioner?   * Upon initial assessment? * Re-evaluation? * Discharge? * Other? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | Via a faxed letter, all the time | PA, 3 |
| 2. | At the time of initial assessment so I know they have been seen and then at completion | PA, 5 |
| 3. | upon initial assessment | PA, 7 |
| 4. | in the form of a consult letter | PA, 4 |
| 5. | Usually the patient will return for followup with a hand written note unless there are issues the therapist wants to advise me about | PA, 8 |
| 6. | by brief notes and report from the non prescribing pract. and their progress. | PA, 1 |
| 7. | initial assessment and discharge, anything unexpected in between | PA, 2 |
| 8. | when the patient sees me again I would prefer a note from the allied health provider | PA, 6 |
| 9. | What type of information would you like this to contain? | IR, LK |
| 10. | phone call if there are any worries about the patient | PA, 6 |
| 11. | any patient who fails to respond properly within expected time frame | PA, 7 |
| 12. | Progress seen through treatment | PA, 8 |
| 13. | brief report/note ,progress from the pract.when can they return to normal wrk. | PA, 1 |

**Tool Download**

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| --- | --- |
| **Instructions:** | For the rest of the session, I'd like to get feedback on the Non-Prescribing Practitioner Tool you were sent when you were contacted about the study. |

Questionnaire Results  
0/1 fully contributed  
  
  
  
**1. Did you download the tool?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Items** | **Yes** | **No** |
| 1. | Did you download the tool? (Attached: 20170822-Referral-Tool-1.pdf, 318798 bytes ) | 5 (83.0%) | 0 (0.0%) |

**Question 7**

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| --- | --- |
| **Instructions:** | Please tell me **which if any referral tool you are currently using for MSK conditions.**  How does the PPR referral tool compare with your current referral tool? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | I have my own referral tool through the EMR | PA, 4 |
| 2. | My referral to physiology done on Rx or pre printed form. Would be nice if it could be reduced to 1 page | PA, 5 |
| 3. | Hospital Rehab referral form. Outlines diagnosis, surgery ,restrictions and reason for referral | PA, 8 |
| 4. | dont use one. I just dictate a referral letter. the tool provided here is the perfect tool for a primary care physician. I would love it if this is what I was getting but I feel like it would be a lot of work for the family physician to fill it all out | PA, 6 |
| 5. | i think the present referral tool is concise and practical | PA, 1 |
| 6. | I like this referral form - try inclusive | PA, 4 |
| 7. | Tool has a bit more info | PA, 8 |
| 8. | Dont use standard referral tool, like that it includes red/yellow flags and past medical history, form is a bit long though | PA, 2 |
| 9. | We use forms via EMR | PA, 3 |
| 10. | I would like to see this type of referral tool from non prescribing health care person, it will be very helpful. | PA, 7 |
| 11. | need for dietician service specifically, and not under nutrition | PA, 7 |

**Question 8**

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| **Instructions:** | What did you **like**about the PPR tool? What did you **dislike** about the PPR referral tool? Was the PPR referral tool user-friendly? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | Take out the flags. Medico legal implications. | PA, 8 |
| 2. | LIKED THAT IT IS EASY TO USE. RELEVANT INFORMATION IS THERE. I THINK IT'S A GREAT TOOL | PA, 6 |
| 3. | User friendly. All the appropriate info in one place | PA, 8 |
| 4. | I like the check list. As mentioned before - inclusive | PA, 4 |
| 5. | No dislikes - I would use it | PA, 4 |
| 6. | certainly is user friendly. My only concern is needs to be brief | PA, 5 |
| 7. | would use red/yellow flags as screen to identify that none are there therefore referral is appropriate. Would not be appropriate to refer if any flags identified. | PA, 2 |
| 8. | I found it user friendly | PA, 4 |
| 9. | i like the concise form. but, i agree red flag, yellow flag can be an issue. | PA, 1 |
| 10. | second page doesnt seem necessary | PA, 2 |
| 11. | It's too long. Most are one page. Not wanting to get involved in flagging. Management best left to the specialitity of HC provider | PA, 3 |
| 12. | this form provides minimal information needed for decision making process for Orthopaedic practice. I am finding it user friendly | PA, 7 |

**Question 9**

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| --- | --- |
| **Instructions:** | Would this tool **help you in referring to a non-prescribing healthcare practitioner**? |

Ideas Results  
1/1 fully contributed

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | no. I like the simple way that I do it | PA, 6 |
| 2. | yes without the flags | PA, 8 |
| 3. | Yes it would | PA, 4 |
| 4. | Do you think a referral form would be helpful to your MOA? | IR, LK |
| 5. | still like the referral form we already use | PA, 8 |
| 6. | would need to be shorter and less time consuming to complete for me to use it | PA, 2 |
| 7. | I do not have to answer all - could right n/a | PA, 4 |
| 8. | I am reluctant due to detailed info sought | PA, 3 |
| 9. | yes espacially with the physio therapist, and occupational therapist | PA, 7 |
| 10. | I would use if I had in pre printed form and readily available | PA, 5 |
| 11. | no. It's too detailed | PA, 3 |
| 12. | in some cases only. in other cases a brief hand written note would suffice. | PA, 1 |
| 13. | What happens if I miss a red flag. As good as I may think I may be, i can make errors | PA, 3 |

**Question 10**

|  |  |
| --- | --- |
| **Instructions:** | Can you see the PPR referral tool being used in your practice? Would you personally use this referral tool?   **If yes**, please tell me why. Would you choose to complete a referral tool online (fillable PDF) or with pen and paper? Why would you choose to use this method?   **If no**, what are the barriers to use? What would make you more likely to use this in practice? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | I would stick with the form I currently use | PA, 8 |
| 2. | No. I would prefer one page. Delete flagging | PA, 3 |
| 3. | I would not use it as it would take too long and a lot of the infomation on there I dont not need to convey | PA, 6 |
| 4. | I would use the pen and paper method as I don't have a universal electronic method yet | PA, 5 |
| 5. | i would modify it. could be a good tool. | PA, 1 |
| 6. | I would like it if people used it to refer to me though | PA, 6 |
| 7. | I would personally use this form. Would like this in our EMR program | PA, 4 |
| 8. | easy to use is important, ideally connected to my electronic health record (would not go to another website to fill this in) | PA, 2 |
| 9. | I would use because it is comprehensive | PA, 4 |
| 10. | fillable PDF and hand filled forms both equally important | PA, 7 |
| 11. | everyone does not have EMR facility | PA, 7 |

**Question 11**

|  |  |
| --- | --- |
| **Instructions:** | How relevant was the **content** within the PPR referral tool? Are there any discrepancies with the medical terminology used in the PPR documents? |

Ideas Results  
1/1 fully contributed

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | content mostly relevant. Terminology seems fine | PA, 8 |
| 2. | Other than the issues with respect to the red and yellow flags..rest is great | PA, 6 |
| 3. | I would add patient occupation | PA, 6 |
| 4. | I found it relevant. I would not fill that is not relevant | PA, 4 |
| 5. | Content is too detailed and I may misjudge or miss the red flags | PA, 3 |
| 6. | would also add a check box for insurance or third party cases | PA, 6 |
| 7. | Terminology fine. Agree with discussion about reduced content in terms of length | PA, 5 |
| 8. | on the average, it was acceptable and good. no discrepancies noted. | PA, 1 |
| 9. | please include dietician in the list | PA, 7 |
| 10. | The more information you give to the person the better outcome | PA, 4 |
| 11. | outcome measures section doesnt need to be that long | PA, 2 |

**Question 12**

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| --- | --- |
| **Instructions:** | Now that you have seen the tool and how it would work, what would motivate you to **learn about and use the PPR** and its tools? How should we talk to you about these tools in a way that resonates? |

Ideas Results  
1/1 fully contributed

|  |  |  |
| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | Forward any further info via e-mail when it has been finalized and available | PA, 5 |
| 2. | For the surgical patients I treat I would likely not change to a universal tool that takes longer to fill out. | PA, 8 |
| 3. | This is the type of a template reflects secondary assessment and care. Thus a shorter concised one page form is preferable initially | PA, 3 |
| 4. | I am in a group practice and have journal club once a week - to present there | PA, 4 |
| 5. | i would use the form. i would modify it a little to serve my purpose. make it shorter and simpler. | PA, 1 |
| 6. | downloadable as app on computers | PA, 7 |
| 7. | if pdf version available that integrates into EMR would be easier to use tool in family practice. | PA, 2 |
| 8. | I also would find it hard to use this tool in my practice | PA, 6 |
| 9. | as well smart phones | PA, 7 |

**Question 13**

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| --- | --- |
| **Instructions:** | How can we **increase interprofessional communication**, between you and non-prescribing practitioners? |

Ideas Results  
1/1 fully contributed

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | use fax and email more often to communicate | PA, 7 |
| 2. | they can host the journal clubs | PA, 6 |
| 3. | maybe with smartphone app?? | PA, 8 |
| 4. | follow up assessment | PA, 4 |
| 5. | more ideas when they pop up, sharing, learning. | PA, 1 |
| 6. | Best method is thru effective written communication as that ends up being in patient records i keeping with spirit of Collaborative care model | PA, 3 |
| 7. | As I and our hospital progresses to more EMR go to more electronic communication | PA, 5 |
| 8. | having a template for allied health professionals to use in response to our referral, written communication is easiest | PA, 2 |

**Question 14**

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| --- | --- |
| **Instructions:** | What are your final thoughts and advice to my client?  Was there anything missing from our discussion of this topic today? |

Ideas Results  
1/1 fully contributed

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | Enjoyed the discussion! | PA, 5 |
| 2. | Well done. Thank you for your great organizing skills | PA, 8 |
| 3. | educational session | PA, 1 |
| 4. | Thx | PA, 3 |
| 5. | thank you | PA, 2 |
| 6. | Very insightful and thought provoking session | PA, 4 |

**Question 3**

|  |  |
| --- | --- |
| **Instructions:** | I'd like to understand **how you choose the non-prescribing practitioners you refer patients to**. Please tell me in as much detail as possible your thought process as you make the referral. |

Ideas Results  
1/1 fully contributed