**CCA - Online Focus Group Weds Oct 24 7:15 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.**

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | yes | PA, 13 |
| 2. | yes | PA, 16 |
| 3. | Yes | PA, 12 |
| 4. | Yes | PA, 11 |
| 5. | yes | PA, 9 |
| 6. | yes | PA, 15 |
| 7. | yes | PA, 17 |

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

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| --- | --- | --- |
| **No.** | **Items** | **Times Selected** |
| 1. | Fax | 7 (87%) |
| 2. | Phone | 7 (87%) |
| 3. | Email | 6 (75%) |
| 4. | EHC | 2 (25%) |
| 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.**

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| **No.** | **Idea** | **Author** |
| 1. | Ease and quick | PA, 13 |
| 2. | ease of communication - which method depends on time sensitivity of information/service required | PA, 16 |
| 3. | Fax is secure, efficient, and the correspondence is written down - good for record-keeping. | PA, 12 |
| 4. | By Email, not very often but it makes all members of the team more accessible in their own time. Fax is most used. Phone is only used when the patient needs the information urgently. | PA, 11 |
| 5. | Probably daily by one method or another, with at least one. I only use email to communicate regarding client care, if it is someone within my Health Authority. Otherwise I do not consider it secure. | PA, 9 |
| 6. | I prefer to communicate in person but sometimes not always available | PA, 15 |
| 7. | Because it's the easier and faster way to communicate with others healthcare practioners. | PA, 17 |

**Question 2**

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| **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

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| **No.** | **Idea** | **Author** |
| 1. | no - depends on information needed to be provided; template would probably be good idea just haven't used yet | PA, 16 |
| 2. | Yes. We use a custom template I made up for our practice most of the time. | PA, 12 |
| 3. | no because there no form or template avalaible where I work | PA, 17 |
| 4. | Our organization encourages us to use an SBAR template to communicate about patients | PA, 15 |
| 5. | no we have our own form that we fax--more secure | PA, 14 |
| 6. | yes depending on type of non prescribing practitioner ie physio has form different from form for social worker. | PA, 13 |
| 7. | No. I had honestly never thought of it! It might be a helpful tool, especially if I could then add it to the patient's chart. Of course it would have to be developed and approved by the Health Authority. | PA, 9 |
| 8. | Yes our template includes all important information. Makes it more organized and saves time. | PA, 11 |

**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

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| **No.** | **Idea** | **Author** |
| 1. | We have our usual list to select from. I guess so-called favourites. | PA, 14 |
| 2. | Depends on presenting issue/ diagnosis and what type of therapy they require. IE- MSK issue may refer to PT, massage, chiro but depression would refer to SW, psychologist | PA, 13 |
| 3. | depending on the care the patient needed. if muscle and skeletal system usually chiropractor,. for appetite and allergies usually with dieticians and naturopaths. for cardiovascular and neurological usually physiotherpists. for behavioural, mental and psychological usually Its, social workers, mental health nurses | PA, 11 |
| 4. | This would be based on the patient's need and matching this with the area of expertise of the non-prescribing practitioner. | PA, 12 |
| 5. | assess the patient, understand the needs/requirements of the patient, what are patients expectations of treatment, private health coverage considerations - based on all the patients responses then I provide the info to them | PA, 16 |
| 6. | I agree with No. 3 we just have our fvourites from the list. | PA, 14 |
| 7. | I can not choose a specific person when I refer a patients to a non-prescribing practitioners, I do my reference form and it go to the secretary of all the physio or inhalo, or others health care that I ask for and they gone decide the person who gone evaluate the patient. If I do a prescription for refer a patients on private, it's the patient gone decide who is gone go see. | PA, 17 |
| 8. | It depends on setting and reason for referral and pt needs, where they live, current insurance etc to determine who would be best to refer them to. Within our pain network, we refer to one central hub who then allocates who best meets the pts needs and the reason for referral | PA, 15 |
| 9. | No. 3 is how it is usually chosen. It also comes down to networking and experience with the practitioner | PA, 10 |
| 10. | I am in a rural area, so most people prefer to see someone in closer proximity. There are a limited number of Physiotherapists, Occupational Therapists, etc in our town. If someone would prefer to see someone from outside the small town (ie- they might not want to see the local mental health worker because they are related or are friends), I refer to someone in the closest city/ town. Sometimes a patient will have heard of someone and will request a certain provider. I also used to work in the closest city, and know some of the providers there, so can give background info (ie- age, gender, etc) to make a good fit. Whether a person is able/ willing/ wanting to pay for private vs publicly funded providers also plays into my choice of provider. | PA, 9 |
| 11. | Also, in my rural practice it comes down to the data base that is available to me and who will accept the referral. | PA, 10 |

**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. | tylenol/ ibuprofen PRN -- as long as they can take it ie does not interact with meds | PA, 13 |
| 2. | voltaren gel, RMT,PT, chiro | PA, 13 |
| 3. | As a pharmacist, I asses what they have tried- OTC use and dosing; side effects; non-drug treatments they have tried-therapies, exercise | PA, 11 |
| 4. | It depend what is the cause of the pain. The treatment plan can be, physio, massage, pain clinic, medication, exercice. | PA, 17 |
| 5. | Medications - acetaminophen, NSAID, other analgesics, muscle relaxants | PA, 12 |
| 6. | Typical treatment plan is based on patient needs and what they think is the best treatment option. For example, one patient may prefer physiotherapy for back pain and another may insist on a chiropractor. All treatment options are presented to each patient and then the decision is collaborative. | PA, 10 |
| 7. | acetaminophen/NSAID's/muscle relaxants - depends on medical conditions/other meds; topical rubs; heating pads | PA, 16 |
| 8. | OTC recommendation- Tylenol (no liver dysfunction) Naproxen, Ibuprofen, Robax (if no cardiovascular or allergy issues) | PA, 11 |
| 9. | Tylenol/NSAIDS PRN, Ice/Heat, topicals, Physio, RMT, accupuncture, Chiro, exercise as tolerated | PA, 15 |
| 10. | Treatment plan would be if there are no red flag symptoms, and depending on the mechanism of injury. If nothing indicates an emergent situation, NSAIDs, muscle relaxants if needed, heat/ cold to start. Physiotherapy would be next recommendation. | PA, 9 |
| 11. | Muscle relaxants- for neck pain is usually very effective | PA, 11 |
| 12. | Non-drug approaches would include physio, chiro, acupuncture, Eastern medicine, NHPs | PA, 12 |
| 13. | First is a full body pain assessment & histpry followed by x-rays or MRI. Only after the results of the MRI come back then the patient maybe referred to a specialist, e.g., Orthopedic, | PA, 14 |
| 14. | yes I would work up hx and cause of pain first | PA, 15 |

**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

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| **No.** | **Idea** | **Author** |
| 1. | I am used to referring these cases to their family physician but would not object if a patient asked about consulting a non-prescribing practitioner first. | PA, 12 |
| 2. | Again, as long as it's not something that I feel needs an Ortho referral | PA, 9 |
| 3. | yes refer to them all the time | PA, 13 |
| 4. | take a full hx, assess the pt's pain, consider differential dx and then order appropriate tests and make appropriate referrals as necessary | PA, 15 |
| 5. | refer to physician first for initial testing; physio and chiro if patient has already seen physician and looking for other options other than medications | PA, 16 |
| 6. | Complete history and focused exam. Based on this info then perhaps diagnostics. Once again based on the results I would either manage the condition myself or refer to physiotherapy, massage, etc. | PA, 10 |
| 7. | I like to get back up dates, progress and plan | PA, 13 |
| 8. | The goal of pain therapy on MSK or other types of pain- is to reduce pain and improve function and not pain elimination. Although drug therapy is usually a part of the approach, I believe that Chiro, massage, diet, exercise, lifestyle, acupuncture helps so I recommend/refer them to the non-prescribing practitioner if necessary. | PA, 11 |
| 9. | I wanted to receive their assessment, diagnosis if applicable | PA, 11 |
| 10. | As long as it's not something I feel needs an Ortho referral, I often recommend physiotherapy and massage therapy. Less often Chiro. SOme of my patients report back after they have seen them, with either good or bad results. I do like to receive a formal consult letter back from the person I have referred the patient to. | PA, 9 |
| 11. | approach of treatment | PA, 11 |
| 12. | I'm not refer everybody, but much as possible, that they have a good teaching that they can do for help them that they able to deal with there pain with less medication they need. I like having a summary of the plan that has been establish. | PA, 17 |
| 13. | is pain controlled? if not - refer. What is patient's expectations? that sometimes will determine what to do next | PA, 16 |
| 14. | I assess the patient's insurance plan before e.g., a physio visit(s) in a hospital are covered whereas a private physio is not covered by OHIP. From the referral end of it I want to know how long the treatment plan will go on for. I want to know this to monitor their medications. | PA, 14 |
| 15. | I don't think it's necessarily when I feel that something is beyond my expertise, I think it's when I think that PT/massage/ Chiro would be complementary to what I offer. Working as a team. | PA, 9 |
| 16. | For me it is whether it is a chronic issue or acute issue, along with what the patient has already tried as far the treatment that I have provided. So a more complimentary services. And follow up letters back and forth is important. | PA, 10 |

**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

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| --- | --- | --- |
| **No.** | **Idea** | **Author** |
| 1. | I like to receive updates, progress and plan. Don't necessarily get it thought until they are discharged if at all | PA, 13 |
| 2. | Information after re-evaluation and recommendations moving forward would be the most useful for me. | PA, 12 |
| 3. | After first assessment and again after the first re-evaluation. Definitely want a discharge note. | PA, 14 |
| 4. | I prefer to hear back from time to time and update me of any improvements or resistance to treatments. This way we can provide timely and continuity of care. | PA, 11 |
| 5. | i like getting correspondence all along so that their is continuity of care for the client and learning about their progress with the allied health | PA, 15 |
| 6. | I like to hear back as soon as the patient has been assessed and treated, with information on the treatment success and goals. Also, any further follow up or suggestions to me for further treatment. | PA, 10 |
| 7. | the diagnostic, the plan, | PA, 17 |
| 8. | I prefer to have a consult back from them after the first assessment, outlining their treatment plan. If things change, either symptoms or plan or patient condition, it would be good to have an update. And if discharged, it would be nice to know why (ie- no progress, client stopped going, problem is resolved). | PA, 9 |
| 9. | my patients most of the time update me especially with chiro | PA, 11 |
| 10. | I agree, I very seldom get back any follow up letters. | PA, 10 |
| 11. | I also do appreciate getting a letter back, if the provider has suggestions for how I could change my plan of care, or other diagnostics that I could/ should order. | PA, 9 |
| 12. | prefer to receive correspondence as soon as possible after patient's initial assessment - updates if anything I can do to compliment therapy (ie: OTC); I will ask for updates in initial referral and will follow up if I haven't heard from them | PA, 16 |

**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?**

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| --- | --- | --- | --- |
| **No.** | **Items** | **Yes** | **No** |
| 1. | Did you download the tool? (Attached: 20170822-Referral-Tool-1.pdf, 318798 bytes ) | 7 (88.0%) | 1 (13.0%) |

**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

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| **No.** | **Idea** | **Author** |
| 1. | I don't currently use a referral tool. | PA, 9 |
| 2. | A very close match of our referral form. | PA, 14 |
| 3. | no specific one | PA, 13 |
| 4. | I don't currently use a referral tool for MSK conditions. | PA, 12 |
| 5. | We don't use the same form in our pharmacy, we usually use the form for medication review consultations with drug therapy problem | PA, 11 |
| 6. | The referral tool I currently use is a very short form that provides PMH and presenting concern. It is not very user friendly and I like the tick boxes in the PPR Tool. | PA, 10 |
| 7. | haven't been using a referral tool however most of the information on this template is what I include - like the layout of the tool | PA, 16 |
| 8. | Yes we have one and there not the red flag or yellow flag in our form. There only about 4 questions to answer. Your form is very more complete. | PA, 17 |
| 9. | i like this tool | PA, 15 |

**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

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| **No.** | **Idea** | **Author** |
| 1. | tick boxes, red/yellow flag are nice | PA, 13 |
| 2. | As an NP, I am not sure why an NP would be listed under 'conservative management'. | PA, 9 |
| 3. | i liked the yellow and red flags as well i like the section for measures and outcomes and further recommendations/follow up; as well it flow nicely and is concise to the what info is needed | PA, 15 |
| 4. | boxes for comorbities too small, no medication box | PA, 13 |
| 5. | Bullet points are great - itemizes various points and helps cover the most common issues, approaches, etc. | PA, 12 |
| 6. | It appears user friendly and I like that it provides for some quick and pertinent information as well as gives opportunity to get more in-depth if needed. It looks like an excellent tool. | PA, 10 |
| 7. | Tick boxes could include things like Ortho, Pain Clinic. | PA, 9 |
| 8. | An excellent form. So comprehensive. Would love to incorporate it into our forms. The best one I have seen to date. | PA, 14 |
| 9. | I like the details of the form; it has tick boxes and free form boxes as well. It is well organized and detailed. And yes, it is user friendly. And it is from Canadian Chiropractic Association. | PA, 11 |
| 10. | flags are excellent idea - management options; outcome measures of patient and current plan | PA, 16 |
| 11. | I really like when we only need to do check mark on a check list. But I found that form a little bit too long. I will cut some part. | PA, 17 |
| 12. | If you are wanting consistent information, might be a good idea to clarify what you want as far as 'function - activity'. | PA, 9 |
| 13. | There is nowhere on your form for the referring practitioner information - ie, who is completing the form, and their contact info. | PA, 9 |
| 14. | I agree that all health care providers, whether they are non-prescribing or not, should be listed together. As well, the information on who is doing the referral, date and contact information. | PA, 10 |

**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. | yes | PA, 15 |
| 2. | Yes it would, but it would be great to see the non-prescribing healthcare practitioner send a follow up letter. | PA, 10 |
| 3. | yes good guided information | PA, 16 |
| 4. | Yes, with some of the modifications that we have just discussed - clearer guidelines for completing it, what information is being requested. | PA, 9 |
| 5. | Yes - but depending on their area of expertise, the bullet points would definitely change! | PA, 12 |
| 6. | yes | PA, 13 |
| 7. | follow up section would be good so that they can complete form and send back | PA, 16 |
| 8. | yes, for sure. It's only the part management that I found to long, that part can be cut to a blank space instead. | PA, 17 |
| 9. | If for a chiropractor, Yes. | PA, 11 |
| 10. | self | PA, 13 |
| 11. | YES. There are areas that I might not have covered and it is a refresher. We can't be perfect in every assessment and to have the 'pointers' in print in front of us I feel nothing will be overlooked. I fill out the forms. | PA, 14 |

**Question 10**

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| **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

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| **No.** | **Idea** | **Author** |
| 1. | Yes I would use this tool, for myself I preferred fill with pen and paper and fax it after. | PA, 17 |
| 2. | Yes, I would use it (or something similar) to refer to certain providers. We use an EMR in our practice, so fillable in the EMR would be the only way to go for us. Then it could be faxed directly to the provider, and would be a permanent part of the chart. | PA, 9 |
| 3. | I would use this tool to refer to chiropractors. Fillable PDF would be best for legibility and ease of completion. | PA, 12 |
| 4. | I would use this form both electronically and pen and paper. In some of my rural practices it would have to be pen and paper. The barrier would be if it was only used as an online tool. | PA, 10 |
| 5. | yes with modifications - could use either manual or online | PA, 16 |
| 6. | For myself, I would like to use the referral tool and complete it with pen and paper, in this way I have more control of the size of my writing and that it is accessible even without electronic gadgets. For me, it saves time then having to fill it out electronically. | PA, 11 |
| 7. | Yes, I would personally use this referral form. I would use it online to hospitals or any office that is using electronic form. We have a list in the office so it is easy t make such a decision. | PA, 14 |
| 8. | I would prefer it to be online tillable PDF and would use it but the hospital I am at still uses all paper and pen documents to fill out forms, referral, scripts and consult notes etc and then they get put in the paper chart | PA, 15 |
| 9. | yes would use, want fillable PDF where the some info can be imported when tool opened ie name- demographic stuff and past medical history. This can then be faxed from computer | PA, 13 |

**Question 11**

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| **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 was relevant | PA, 16 |
| 2. | Very relevant. | PA, 14 |
| 3. | very relevant | PA, 13 |
| 4. | Yes content is relevant | PA, 11 |
| 5. | I think it was relevant and included info that might sometimes be missed. | PA, 10 |
| 6. | missing info on who referral is coming from and where to send follow-up info | PA, 16 |
| 7. | Just a clarification as to what is wanted as far as 'function - activity' | PA, 9 |
| 8. | Relevant | PA, 12 |
| 9. | very relevant | PA, 15 |
| 10. | The relevant is the red flag and yellow flag. | PA, 17 |

**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

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| **No.** | **Idea** | **Author** |
| 1. | Just explain the way it work through email. | PA, 17 |
| 2. | I would use this form with the changes suggested. I think providing rational for the tools helps | PA, 10 |
| 3. | If the modifications discussed were made, it has the potential to be another referral tool. We use a number of them (ie- referrals to Mental Health, Chronic Disease Education, etc), and this would just become another one for Chiro referrals. We currently have one for PT/ OT through our health authority. | PA, 9 |
| 4. | Always appealing to hear about something that makes our work more efficient and also improves the quality of care for our patients. | PA, 12 |
| 5. | i guess having more dialogue with the allied health we are referring too who uses this form on how we can collaborate together and the benefits for all of us and the client | PA, 15 |
| 6. | e-learning; motivation to use is that it has all the info that I need to provide | PA, 16 |
| 7. | I will present it at the next general meeting of all the physicians in the office. Get them enthusiastic about it and the other N.P.'s. | PA, 14 |
| 8. | lunch and learn | PA, 13 |
| 9. | Always Updates through emails, newsletters, Yes, surveys | PA, 11 |

**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. | timely follow ups and updates on what works and what not- feedback and answers to fax, emails or phone calls | PA, 11 |
| 2. | We tend to refer to the same non-prescribing practitioners so we would get that group on board. First we would have to all be on the same way length in or office. | PA, 14 |
| 3. | more collaborative practices, engaging thru a common network or process/partnerships | PA, 15 |
| 4. | When we have information session from other professional health care and it help to create links at the same time with them. | PA, 17 |
| 5. | social media - message boards between members, networking | PA, 16 |
| 6. | Networking opportunities to exchange ideas and learn about each others' profession | PA, 12 |
| 7. | I think that for me, meeting the other providers in my area make the biggest difference. When I started in my position here, I went and introduced myself to the local PT, Addictions worker, mental health worker, etc. The chiro is only in town once a week, and I was not able to meet him. Having a face to put to the name increases comfort level and familiarity with the providers. | PA, 9 |
| 8. | I would like to see improved communication. Perhaps, having more groups like this would help. I think also, getting together with a group of healthcare providers that are referred to most. | PA, 10 |
| 9. | networking, progress notes | PA, 13 |
| 10. | Follow up | PA, 10 |

**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. | It was great! Thank you. | PA, 10 |
| 2. | Great thank you | PA, 13 |
| 3. | Thank you so much for having us, this was wonderful | PA, 15 |
| 4. | Good discussion. Would have been happy to be on such a conversation for a longer time as well. | PA, 9 |
| 5. | thank you! great info | PA, 16 |
| 6. | Thank you for facilitating this evening's discussion! | PA, 12 |
| 7. | Good job, very great experience, thank you! | PA, 17 |
| 8. | looking forward to seeing the referral form in the future ;) | PA, 16 |
| 9. | great discussion and very informative! | PA, 16 |
| 10. | My advice is keep up the good work and develop more tools for more education and for improving the seamless and patient care to patients. | PA, 11 |
| 11. | I mean, seamless and timely patient care with same goals for our patients | PA, 11 |