

CUP-PUPPY Study Interview Guide – Policymakers

Instructions for Interviewer

Numbered questions (1) are required

Lettered questions (a) are required sub-questions/follow-up questions (unless already addressed by participant in numbered questions)

Lowercase Roman numerals (i.) are optional probes or optional follow-up (only to be asked if not already answered by participant)

Content in square brackets ([]) includes instructions for reviewers (not to be read to participant)

Introduction

Thank you for your interest being interviewed for our study. The goals of today's interview are to understand policies affecting patient attachment. By attachment, we are referring to patients having a regular primary care provider where they can access ongoing healthcare, who will follow them over time. Specifically:

- 1) To learn more about policies that directly and indirectly affect patient attachment to primary care, including the [centralized waitlist in your province]. These could include documented strategies, principles, rules, or planned procedures.
- 2) To understand how policies have shifted over time, particularly with the emergence and response to COVID-19 and your thoughts on how they affect patient attachment
- 3) To learn from your expertise as to where we should look for policies relevant to patient attachment in our province to ensure comprehensiveness of our policy scan

We anticipate that this interview will take approximately one hour. However, we recognize that you may be incredibly busy at this time. We are happy to accommodate your schedule and needs, such as by dividing this interview into smaller time slots that work better for you.

Informed Consent

Your participation in this interview is entirely voluntary. You are free to withdraw your consent to participate at any time before, during, or up to two weeks after the interview. In this case, we will not use any information you have provided us. You may also choose to not answer any of the questions.

The consent form contains information about the study and how the information you provide will be used. **[Review consent form]**. Do you have any questions about the consent form or any of the information you received?

Questions and Audio Recording

The interview will be audio/video recorded. These recordings will be transcribed and deleted once we have transferred the critical information into text. What you share with us will have identifying personal information removed and your confidentiality will be protected. We may use quotes from your interview for research purposes, but your name will never appear in any reports, and we will do our best to ensure your responses cannot be traced back to you.

Do you have any questions before I begin recording?

[Interviewer to begin recording]

I would like to reaffirm that I have consent to proceed.

Interview Questions

1. Can you tell me a bit about your role in policy and the role your organization plays in the healthcare system?
 - a. ***[Only ask if not mentioned]:***
 - i. Organization
 - ii. How long have you worked there?
 - iii. Any change in roles overtime?
 - iv. Any change in roles since COVID?
 - v. Which internal and external groups do you work with on developing and implementing policy? what connection does your work have to primary care access?

[Pre-COVID] Next we are going to talk about policies pre-COVID-19. [Please note: the below questions may have been addressed in question 1, depending on the participant. Probing and checking will be done at the discretion of the interviewer to reduce redundant lines of inquiry].

2. Prior to COVID-19, if you thought about attaching patients to primary care providers in this province, what key policies, strategies, or incentives would come to mind, and how did they impact attachment?
 - a. Can you share some examples of how they played out?
 - b. ***[Only ask if not mentioned]*** What about:
 - i. Provider hiring and funding policies
 - ii. PHC delivery models
 - iii. Financial incentives
 - iv. Policies specific to CWL operations
 - v. Performance metrics/ accountability measures
 - vi. Programs and innovations that help meet the needs of unattached patients and/or assist with patient attachment outside of the CWL system
 - vii. Regulations on providers' practice (i.e., responsibilities, how to manage challenging patients, expanded role of pharmacists, etc.)
 - viii. Other policies that may play moderating roles in the process of attachment via CWLs
3. What are the factors that might influence the effectiveness of the centralized waitlist? How might these policies affect these factors?
 - a. Can you tell me more about how? (Prompt: creation, delivery, effectiveness, or sustainability)
 - b. Do you think they led to more, or less patient attachment to primary care in our province?
4. Prior to COVID-19, what were the rules, regulations, and incentives that posed obstacles for providers in taking on new patients? Which ones made things easier?
 - a. How did these create obstacles or facilitators?
 - b. How about rules, regulations, and incentives that impacted the ability of patients to be able to access a primary care provider? ***[Ensure participants clarify whether they are discussing from a professional or personal lens]***
5. From your point of view, how were the successes and failures of the CWL related to its design, patient uptake of the CWL, or provider buy-in to the CWL?
 - a. Can you share an example or two?
 - b. Any contrasting examples?

[COVID] In the next few questions, we would like to hear more about how things have changed since COVID-19

6. Have there been any key policy changes implemented since COVID-19 relevant to patients' access and attachment to primary care providers? If so, what are these?
 - a. **[Optional prompts below]**
 - i. Any policies that account for the needs of patients who were unattached before COVID?
 - ii. Any policies that address the issues faced by patients with complex chronic health conditions?
 - iii. How virtual care may have impacted patient access and attachment to primary care?
 - iv. How the reallocation of primary care staff may have impacted patient access and attachment to primary care?
 - v. The expanded role of pharmacists in managing both attached and unattached patients?
 - vi. Any unintended consequences you noted?
 7. Did the process used to develop and implement COVID-19-related policies differ from what happened before COVID-19? If so, how? **[Optional prompts below]**
 - i. Planning process?
 - ii. Dissemination/Communication?
 - iii. Evaluation?
 8. What response or feedback did you get regarding COVID-19 policy changes related to patient access and attachment to primary care?
 - a. From whom did you receive that response and why do you believe they responded in that way?
 9. What impacts, if any, have COVID-19-related policies had on:
 - a. Patient access and attachment to primary care?
 - b. Physician practice and capacity to take on new patients?
 10. In what ways, if any, has the centralized waitlist been impacted by the COVID-19 response?
 - a. Can you tell me about the reasons for these changes?
 11. What COVID-19 policies, rules, or regulations have created barriers to patients being able to attach to a primary care provider? What about facilitators?
 12. What unintended consequences, if any, from these policies emerged? What was your experience with these? Can you tell me how they were identified and addressed?
- [Post-COVID]** The last section of questions will look beyond the peak of the COVID-19 pandemic *[Prospective]*
13. Are there any COVID-19-related policies relevant to patient access and attachment to a primary care provider that you think we should keep following the pandemic? If so, which ones (e.g. virtual care)?
 - a. What about these policies makes you want to keep them in the longer term?
 14. Are there any COVID-19-related policies relevant to patient access and attachment to a primary care provider that you think we should reverse following the pandemic? If so, which ones?
 - a. What about these policies makes you want to reverse them in the longer term?
 15. If you were creating a new policy on patient attachment in primary care, what would you want it to look like?
 - a. Which organizations would you need to work with to make it happen?
 - b. Which existing policies or political factors would you need to consider?

16. One of our goals today is to identify documents that we should be including in our policy scan. What words would you use to talk about these policies? What are the key words you use in communications around these policies? Which words might appear in key documents that we should look for? What documents or sources should we include?

17. Are there any other organizations or colleagues you think we should speak with?

18. Are there any “lessons learned” that you would like to share with us?

19. Anything else you would like to add?

Closing

Thank you so much for your time in speaking with me today. May we contact you if we have any clarifying or follow up questions?

Yes

No

What is your preferred method to be contacted?

E-mail: _____

Phone: _____

Other: _____

Our team will be completing other interviews and will be writing preliminary reports and the final analyses. Would you like us to share both of those with you? Would you like to contribute to the analysis and/or interpretation of the de-identified summaries of these data?

Yes

No

Interview completed on (YYYY-MM-DD): _____

Interview length (HH:MM): _____

CUP-PUPPY Study Interview Guide – Primary Care Providers (FP/NP)**Instructions for Interviewer**

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Lowercase Roman numerals (i.) are optional probes or optional follow-up (only to be asked if not already answered by participant)

Content in square brackets ([]) includes instructions for reviewers (not to be read to participant)

Introduction

Thank you for your interest in participating in an interview with our study. The goals of today's interview are:

- 1) To learn more about your experiences providing care, including for patients who do not have regular access to a family doctor or nurse practitioner (i.e. unattached patients)
- 2) To learn from you about the barriers and facilitators to accepting new patients into primary care practice
- 3) To understand how your practice has shifted overtime, particularly with the emergence and response to COVID-19, and your thoughts on how these changes relate to patient access to primary healthcare services.

We anticipate that this interview will take approximately one hour. However, we recognize that you may be busy at this time. We are happy to accommodate your schedule and needs, such as by dividing this interview into smaller time slots if that works better for you.

Informed Consent

Today, I will ask you a series of questions about your experience and perspectives with the above topics. Your participation in this interview is entirely voluntary. You are free to withdraw your consent to participate at any time before, during, or up to one week after the interview. If you withdraw, we will not use any information you have provided to us. You may also opt to not respond to any of the questions as we go through the interview. An honorarium will be provided in thanks for your time.

The consent form we previously sent to you contains information about the study and how the information you provide will be used. Do you have any questions about the consent form or any of the information you received?

Questions and Recording

The interview will be recorded. What you share with us will have identifying personal information removed (e.g. name, clinic name, identifying locations, etc.) and your anonymity will be protected to the best of our ability. We may use quotes from your interview in sharing our findings, but your name will never appear in any reports, and your responses will not be presented in a way that can be traced back to you.

There may be opportunities to participate in sharing our study findings. Please let us know if you are interested in participating in future knowledge translation activities, e.g. co-presenting at a conference or to media requests. These activities would identify you as one of the participants in the study.

[Confirm e-mail/phone if the participant is interested in the above]

E-mail: _____
 Phone: _____
 Other: _____

Do you have any questions before I begin recording?

If yes, please summarize the questions below:

Yes
 No _____

[Interviewer to begin recording and state on the recording]

I would like to reaffirm that I have consent to proceed.

Patient Attachment

1. Were you accepting new patients into your practice pre-COVID? Can you tell me about the choices you made then for accepting patients into your practice? *Can you share some examples with me?*
 - i. What was traditionally your process for determining how and when to take on new patients? Can you share some examples with me?
 - ii. What could have been done to allow you to take on more patients in general?
2. How has COVID-19 impacted accepting new patients into your practice?
 - a. Would you anticipate being able to accept new patients into your practice once the pandemic restrictions are over?
3. When you have availability, what types of patients would you be likely to take on first?
 - i. Family members of current patients, patients belonging to vulnerable populations (e.g., pregnant patients), patients who have been put on a list at your practice, use of the centralized waitlist, referrals from colleagues). Can you share some examples with me?

Taking on Patients: *For the next few questions, we are going to ask you about how you take patients on in your practice*

4. What recruitment methods did you implement when looking for new patients pre-COVID? (e.g., centralized waitlist only, social media postings, referrals from colleagues, etc.) Can you share some examples with me?
 - i. Have you ever worked with the centralized waitlist [in your province]? [Differences pre-post COVID?]
 - ii. (If applicable) How does the centralized waitlist compare to other methods of recruiting new patients?
 - iii. (If applicable) What was your experience registering for the centralized waitlist?
 - iv. (If applicable) What has your experience of taking new patients off the centralized waitlist been?
 - v. (If applicable) Have you had any interactions with the managers/representatives of the centralized waitlists? If so, in what regard? What are your experiences with these interactions?

- vi. (If applicable) What facilitators did you encounter when joining, or receiving patients from, the centralized waitlist or other ways of recruiting patients? What were the positive outcomes or benefits that the centralized waitlist provided to you?
 - vii. (If applicable) What barriers or annoyances did you experience while joining, or receiving patients from, the centralized waitlist or other ways of recruiting patients? What made these experiences negative?
 - viii. (If applicable) How has COVID changed your use of the centralized waitlist?
5. I'm going to ask your opinion on a few of the commonly discussed topics surrounding centralized waitlists.
- a. What are your thoughts on certain patient types being preferentially matched with providers (as opposed to the first-come first-served method)?
 - For example, should complex patients or ill patients be matched ahead of a healthy individual? Why or why not?
 - b. What are your thoughts on providers being able to indicate their preferences for certain characteristics desired in new patients? (e.g., level of complexity, services required, etc.)
 - c. What are your thoughts on providers being offered financial incentives to take on new patients from the centralized waitlist?
 - d. Do you feel that it is important for patients to have access to a regular provider or practice? Why or why not?
 - e. If a provider has the capacity to accept new patients, do you think they should be mandated to take new patients from the centralized waitlist first instead of using other means of recruitment? Why or why not?
 - f. How do you feel about meet-and-greet appointments before taking patients into your practice via the centralized waitlist or other methods? Can you tell me more about that?

[COVID] For the next few questions, we will explore the changes that you have experienced since the COVID-19 pandemic.

6. What key changes have you experienced in your practice since the onset of COVID-19?
- i. Changes in practice, PPE use, virtual care, billing codes used, prescribing? (e.g. the roles or functions you carried out for patients with/suspected to have COVID19 and others)
 - ii. Changes in the ways you communicated and interacted with patients?
 - iii. Changes in the ways you communicated and interacted with other healthcare providers and services, namely pharmacists?
 - iv. Ability to provide care for patients? Patients with chronic/complex conditions? Patients requesting opioids? New patients?
 - v. Ability to take on new patients?
 - vi. Have there been any changes in your interactions with the centralized waitlist?
 - vii. Other changes?
7. What was your experience implementing these changes?
- i. How were decisions about COVID-related changes made?
 - ii. How were changes communicated?
 - iii. What supports were available for you to carry out these roles?
 - iv. What challenges did you encounter in your practice related to these changes?
 - v. Were there any unintended consequences?
- a. Looking at the list of PROPOSED roles during the different stages, what supports would be needed to enable you to carry out these roles? What were the barriers?

- b. Are there other roles that family physicians could have played during the different stages? What supports would be needed to carry those out?
8. What changes if any, have you noticed in the kinds of patients you are typically seeing since the COVID pandemic began? Have you noticed any changes in the needs patients have been discussing with you?

[post-COVID]

9. What changes that have taken place since COVID do you believe should be maintained after the pandemic has passed, if any? What should be discarded? Why?
10. What other changes to your practice do you think you would like to make in general moving forward?
 - i. If emergency departments and hospitals became overwhelmed by COVID-19 cases, what additional/different roles should family physicians have?
 - ii. What is your rationale for these changes?
 - iii. What supports would be helpful to you as you make these changes?
 - iv. What impacts if any do you feel these changes will have on unattached patients? What about patients with complex chronic conditions?
11. [If not covered in questions above] What could the government, governing bodies, and other stakeholders do to better execute the performance goals of the centralized waitlist?
 - a. What sort of supports or resources would you like to see offered for providers to better the effectiveness of the centralized waitlist?
 - b. Are there policies that hinder providers' openness to taking new patients into their practice? Can you share any examples?
 - i. Remuneration, payment incentives, provider responsibility requirements for patients (e.g., providers become responsible for patients after they have billed for them even once)
12. Does your gender influence the roles you are playing in a pandemic as a physician and/or as a caregiver? What are the supports and barriers to fulfilling those roles?
13. Is there anything else you would like to share?

CUP-PUPPY Study Interview Guide – Primary Care Providers (NP)

Instructions for Interviewer

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Bullets (●) are optional probes or optional follow-up (only to be asked if not already answered by participant)

Content in square brackets ([]) includes instructions for reviewers (not to be read to participant)

Introduction

Thank you for your interest in participating in an interview with our study. The goals of today’s interview are:

- 1) To learn more about your experiences providing care, including for patients who do not have regular access to a family doctor or nurse practitioner (i.e. unattached patients)
- 2) To learn from you about the barriers and facilitators to accepting new patients into primary care practice
- 3) To understand how your practice has shifted overtime, particularly with the emergence and response to COVID-19, and your thoughts on how these changes relate to patient access to primary healthcare services.

We anticipate that this interview will take approximately one hour. However, we recognize that you may be busy at this time. We are happy to accommodate your schedule and needs, such as by dividing this interview into smaller time slots if that works better for you.

Informed Consent

Today, I will ask you a series of questions about your experience and perspectives with the above topics. Your participation in this interview is entirely voluntary. You are free to withdraw your consent to participate at any time before, during, or up to one week after the interview. If you withdraw, we will not use any information you have provided to us. You may also opt to not respond to any of the questions as we go through the interview.

The consent form we previously sent to you contains information about the study and how the information you provide will be used. Do you have any questions about the consent form or any of the information you received?

Questions and Recording

The interview will be recorded. What you share with us will have identifying personal information removed (e.g. name, clinic name, identifying locations, etc.) and your anonymity will be protected to the best of our ability. We may use quotes from your interview in sharing our findings, but your name will never appear in any reports, and your responses will not be presented in a way that can be traced back to you.

There may be opportunities to participate in sharing our study findings. Please let us know if you are interested in participating in future knowledge translation activities, e.g. co-presenting at a conference or to media requests. These activities would identify you as one of the participants in the study.

[Confirm e-mail/phone if the participant is interested in the above]

E-mail: _____

Phone: _____

Other: _____

Do you have any questions before I begin recording?

If yes, please summarize the questions below:

 Yes No_____
_____***[Interviewer to begin recording, administer demographic questions]*****Patient Attachment**

1. Were you accepting new patients into your practice pre-COVID? Can you tell me about the choices you made then for accepting patients into your practice? *Can you share some examples with me?*
 - What was traditionally your process for determining how and when to take on new patients? Can you share some examples with me?
 - What could have been done to allow you to take on more patients in general?
2. How has COVID-19 impacted accepting new patients into your practice?
 - a. Would you anticipate being able to accept new patients into your practice once the pandemic restrictions are over?
3. When you have availability, what types of patients would you be likely to take on first?
 - Family members of current patients, patients belonging to vulnerable populations (e.g., pregnant patients), patients who have been put on a list at your practice, use of the centralized waitlist, referrals from colleagues). Can you share some examples with me?

Taking on Patients: *For the next few questions, we are going to ask you about how you take patients on in your practice*

4. What recruitment methods did you implement when looking for new patients pre-COVID? (e.g., centralized waitlist only, social media postings, referrals from colleagues, etc.) Can you share some examples with me?
 - Have you ever worked with the centralized waitlist [in your province]? [Differences pre-post COVID?]
 - (If applicable) How does the centralized waitlist compare to other methods of recruiting new patients?
 - (If applicable) What was your experience registering for the centralized waitlist?
 - (If applicable) What has your experience of taking new patients off the centralized waitlist been?
 - (If applicable) Have you had any interactions with the managers/representatives of the centralized waitlists? If so, in what regard? What are your experiences with these interactions?
 - (If applicable) What facilitators did you encounter when joining, or receiving patients from, the centralized waitlist or other ways of recruiting patients? What were the positive outcomes or benefits that the centralized waitlist provided to you?
 - (If applicable) What barriers or annoyances did you experience while joining, or receiving patients from, the centralized waitlist or other ways of recruiting patients? What made these experiences negative?
 - (If applicable) How has COVID changed your use of the centralized waitlist?
5. I'm going to ask your opinion on a few of the commonly discussed topics surrounding centralized waitlists.

- a. What are your thoughts on certain patient types being preferentially matched with providers (as opposed to the first-come first-served method)?
 - For example, should complex patients or ill patients be matched ahead of a healthy individual? Why or why not?
- b. What are your thoughts on providers being able to indicate their preferences for certain characteristics desired in new patients? (e.g., level of complexity, services required, etc.)
- c. What are your thoughts on providers being offered financial incentives to take on new patients from the centralized waitlist?
- d. Do you feel that it is important for patients to have access to a regular provider or practice? Why or why not?
- e. If a provider has the capacity to accept new patients, do you think they should be mandated to take new patients from the centralized waitlist first instead of using other means of recruitment? Why or why not?
- f. How do you feel about meet-and-greet appointments before taking patients into your practice via the centralized waitlist or other methods? Can you tell me more about that?

[COVID] For the next few questions, we will explore the changes that you have experienced since the COVID-19 pandemic.

6. What key changes have you experienced in your practice since the onset of COVID-19?
 - Changes in practice, PPE use, virtual care, billing codes used, prescribing?
 - Changes in the ways you communicated and interacted with patients?
 - Changes in the ways you communicated and interacted with other healthcare providers and services, namely pharmacists?
 - Ability to provide care for patients?
 - Ability to take on new patients?
 - Have there been any changes in your interactions with the centralized waitlist?
 - Other changes?
7. What was your experience implementing these changes?
 - How were decisions about COVID-related changes made?
 - How were changes communicated?
 - What challenges did you encounter in your practice related to these changes?
 - Were there any unintended consequences?
8. What changes if any, have you noticed in the kinds of patients you are typically seeing since the COVID pandemic began? Have you noticed any changes in the needs patients have been discussing with you?

[post-COVID]

9. What changes that have taken place since COVID do you believe should be maintained after the pandemic has passed, if any? What should be discarded? Why?
10. What other changes to your practice do you think you would like to make in general moving forward?
 - What is your rationale for these changes?

- What supports would be helpful to you as you make these changes?
- What impacts if any do you feel these changes will have on unattached patients? What about patients with complex chronic conditions?

11. [If not covered in questions above] What could the government, governing bodies, and other stakeholders do to better execute the performance goals of the centralized waitlist?
- a. What sort of supports or resources would you like to see offered for providers to better the effectiveness of the centralized waitlist?
 - b. Are there policies that hinder providers’ openness to taking new patients into their practice? Can you share any examples?

12. Is there anything else you would like to share?

Closing

Thank you so much for your time in speaking with me today.

[Interviewer to make note of participant responses to the below]

As noted in the consent form, might we still be able to contact you if we have any clarifying questions?

- Yes
- No

We are hoping to reconnect with participants when more of the pandemic-related measures have passed to see how things may have changed. May we contact you for another interview? Please note that participation would be entirely voluntary.

- Yes
- No

[Confirm e-mail/phone if the participant is interested in either of the above options]

E-mail: _____

Phone: _____

Other: _____

We are also wondering if you know of any other nurse practitioners in our province whom you think it would be important to speak with and whose experiences might be different than your own? If so, would you be able to share our contact information with them?

- Yes
- No

Our team will be completing other interviews and will be writing preliminary reports and the final analyses. Would you like us to share both of those with you?

- Yes
- No

Would you like to contribute to the analysis and/or interpretation of these data?

Yes

No