CHAP
Cardiovascular Health Awareness Program
Programme de sensibilisation à la santé cardiovasculaire

Appendix 8.4
CHAP Physician Questionnaire

Session Pharmacy ID

Return Fax Number:

Thank you for participating in CHAP. Your feedback is important to us. Please complete this brief questionnaire and return by fax to the number above.

1. Recruitment & Collaboration

a. **Why did you decide to participate in your community's CHAP program?(Check all that apply)**

- ❑ I believe it was a good, well-designed program
- ❑ I believed that patients would benefit
- ❑ I believed the feedback on patients would be useful to me
- ❑ I liked the choice of invitation strategies
- ❑ Other family physicians in the community were participating
- ❑ Other family physicians in my group were participating
- ❑ Other: _____

Please share additional comments/explanations:

_____

b. **Do you have any concerns about CHAP?** ❑ **YES** ❑ **NO**

If YES, what are your concerns? ***(Check all that apply)***

- ❑ Patients might not be interested
- ❑ Feedback might not be useful
- ❑ Information (blood pressure or risk factors) collected at the pharmacy might not be accurate
- ❑ CHAP could generate unnecessary 'urgent' appointments
- ❑ Patients could be unnecessarily sent to the emergency department
- ❑ Did not like invitation strategies (letter from family physician, community-wide advertising)
- ❑ Other: _____
- ❑ None

Please share additional comments/explanations:

_____

Are these concerns on-going? ❑ **YES** ❑ **NO**

If YES, which one(s): _____

c. **What do you feel is the potential of CHAP to contribute to improved monitoring and management of blood pressure in your practice?**

1	2	3	4	5	6	7
very high potential		*somewhat high*		*somewhat low*		*very low potential*

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d. **What do you feel is the potential of CHAP to contribute to improved monitoring and management of blood pressure in your practice?**

- ❑ By providing additional accurate blood pressure readings
- ❑ By finding new cases of undiagnosed hypertension (case finding)
- ❑ By improving treatment and control of hypertension
- ❑ By increasing screening of older people
- ❑ By identifying white coat or masked hypertension
- ❑ Other: _____

2. CHAP Sessions

a. **What aspects of the sessions do you like?** ***(Check all that apply)***

- ❑ Volunteer peer health educators assisting patients with automated measuring of blood pressure and recording risk factor information
- ❑ Use of automated blood pressure measuring device by patients to measure blood pressure
- ❑ Provision of educational resources to patients for modifiable cardiovascular risk factors
- ❑ Providing patients with a copy of their data form with all results
- ❑ The safeguards to ensure that patients with very high blood pressure see the family doctor or pharmacist if indicated, or have same-day contact with family physician by program staff in case of very high blood pressure
- ❑ The availability of an on-call nurse for urgent blood pressure readings
- ❑ The availability of a pharmacist to see patients for a medication assessment on request
- ❑ Receiving feedback on patients' blood pressure and cardiovascular risk factors
- ❑ Other: _____

Please share additional comments/explanations:

_____

b. **What aspects of CHAP sessions do you have concerns about?** ***(Check all that apply)***

- ❑ Volunteer peer health educators assisting patients with automated measuring of blood pressure and recording risk factor information
- ❑ Use of an automated blood pressure measuring device by patients to measure blood pressure
- ❑ Provision of educational resources to patients for modifiable cardiovascular risk factors
- ❑ Providing patients with a copy of their data form with all results
- ❑ The safeguards to ensure that patients with very high blood pressure see the family doctor or pharmacist if indicated, or have same-day contact with family physician by program staff in case of very high blood pressure
- ❑ The availability of an on-call nurse for urgent blood pressure readings
- ❑ The availability of a pharmacist to see patients for a medication assessment on request
- ❑ Receiving feedback on patients' blood pressure and cardiovascular risk factors
- ❑ Other: _____

Please share additional comments/explanations:

_____

3. Feedback of Patients' Cardiovascular Risk Factors, Including Blood Pressure

a. **To what extent do you intend to use feedback about your patients' blood pressure when you agreed to participate?**

____ 1	____ 2	____ 3	____ 4	____ 5	____ 6	____ 7
very likely to use		*somewhat likely to use*		*somewhat unlikely to use*		*very unlikely to use*

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b. **To what extent did you actually use the feedback about your patients' blood pressure?**

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
significant use		*some use*		*brief review*		*did not use at all*

c. **What did you do with the feedback?** ***(Check all that apply)***

- ☐ Kept it together in batches
- ☐ Filed it in patient charts
- ☐ Used individual patient forms or lists to call patients for follow-up
- ☐ Other: _____

Please share additional comments/explanations:

_____

4. Impact of Program

a. **Have you made any changes in hypertension management in your practice as a result of participating in CHAP?** ☐ **YES** ☐ **NO**
What kinds of changes? ***(Check all that apply)***

- ☐ Recall of patients for follow-up, based on feedback
- ☐ More routine screening for high blood pressure
- ☐ More monitoring of blood pressure
  - ☐ For all patients
  - ☐ Among patients who attended a CHAP session
  - ☐ Among patients who attended and were identified as higher risk
- ☐ Filing of feedback in patient charts
- ☐ Improving working relationships with local community pharmacists
- ☐ Reassessment of antihypertensive medications
  - ☐ For all patients
  - ☐ Among patients who attended a CHAP session
  - ☐ Among patients who attended and were identified as higher risk
- ☐ More discussions of cardiovascular risk
  - ☐ For all patients
  - ☐ Among patients who attended a CHAP session
  - ☐ Among patients who attended and were identified as higher risk
- ☐ Other: _____

Please share additional comments/explanations:

_____

b. **What actual CHAP benefits have you identified, if any? (Check all that apply.)**

- ☐ Additional accurate blood pressure readings
- ☐ Improved treatment and control
- ☐ Increased coverage of older people
- ☐ Identification of white coat or masked hypertension
- ☐ Recall of patients for follow-up
- ☐ Other: _____

Please share additional comments/explanations:

_____

c. **Would you recommend participation in CHAP to colleagues in your community and/or other communities?**

- ❑ YES, because: _____
- ❑ NO, because: _____

d. **CHAP aspires to continually improve its operation. Are there any issues that you would like to discuss with the Local CHAP Coordinator?**

_____
_____
_____
_____
_____
_____
_____