

Fees for Uninsured Services: A Descriptive Study of Ontario Family Physicians

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Contributor Statement

Jamie Daw conceived the study idea; Jamie Daw, Danyaal Raza and Kaitlyn Rice contributed to study design and protocol development. Jamie Daw and Kaitlyn Rice performed data collection and analyzed the data. Jamie Daw drafted the manuscript; Danyaal Raza and Kaitlyn Rice revised it for importance intellectual content and approved the manuscript in its final form. All authors agree to act as guarantors of the work.

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2
3 38 **Abstract**
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6 39 **Background:** A range of medical and administrative family physician services are not
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9 40 covered by public health insurance in Canada. Physicians may charge fees for these
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11 41 uninsured services; however, the prevalence of fees in primary care is unknown.
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14 42 **Methods:** Cross-sectional telephone audit study of a random sample of 275 family
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17 43 physicians licensed to practice in Ontario, Canada.
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19 44 **Results:** The majority of Ontario family physicians charged fees for uninsured services.
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21
22 45 Fifty-eight percent charged per-service provided (95% CI: 50.6, 65.8), 20.3% offered
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25 46 patients the option to pay an annual block fee for all uninsured services rendered (95%
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28 47 CI: 14.8, 27.3), and 11.3% charged no fees (95% CI: 7.4, 17.3). Fee structures varied by
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31 48 geography but not physician payment model.
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33 49 **Interpretation:** Further research is needed to examine patient and physician perceptions
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36 50 of user fees, potential adverse consequences, and opportunities for government funding
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39 51 of commonly used uninsured services.
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53 Introduction

54 The Canada Health Act prohibits physicians from charging user fees for services
55 covered by each province's universal, public health insurance program. However, there
56 are a wide range of medical and administrative "uninsured services" commonly
57 provided by family physicians that are not covered by public insurance, such as
58 prescription renewals outside of an office visit and completion of certain forms. Family
59 physicians can choose to provide these services at no cost, for a per-service charge ("à la
60 carte") or by a "block fee" that covers all uninsured services for a patient or family for
61 one year.

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63 The Ontario Medical Association provides guidance on uninsured services and
64 suggested billing rates.⁽¹⁾ Since this guidance is not legally binding, it is likely that fee
65 rates, patient communication, and administrative procedures vary widely. There is
66 anecdotal evidence that an increasing number of family physicians in Ontario, Canada's
67 largest province, are opting to charge annual block fees. However, no study has
68 examined the prevalence of charges for uninsured services in any Canadian province.
69 This information could inform provincial coverage decisions for currently uninsured
70 services, as well as guidance and regulatory decisions related to the use of patient fees
71 in Canada. Thus, the objective of this study was to estimate the prevalence of different

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3 72 fee practices for uninsured services among Ontario family physicians and to document
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6 73 variation in fee practices by geography and payment model.
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11 75 **Methods**

14 76 We conducted an observational, audit study where researchers telephoned family
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17 77 physician practices in Ontario to ask about current fee structures for uninsured services.
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19 78 We obtained contact information for 16,189 family physicians licensed to practice in
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22 79 Ontario from the College of Physicians and Surgeons of Ontario (CPSO) public
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25 80 website.(2) We linked practice addresses to geographic areas defined by Statistics
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28 81 Canada (large urban centre (population >100,000), small/medium centre (1,000-99,999),
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30 82 or rural area); physician payment model information (traditional/enhanced fee-for-
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33 83 service or capitation-based) from the Government of Ontario website and postal-code
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36 84 (forward sortation area) level sociodemographics from the 2016 Census.(3-5) From this
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38 85 sampling frame, we drew a random sample of 275 physicians.
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44 87 We excluded physicians with missing contact information, additional specialties, or
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46 88 whose primary practice was outside of Ontario; a walk-in clinic; an emergency
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49 89 department; an organization that cares only for a specific population (e.g. nursing
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52 90 home) or does not provide care (e.g. insurance company). The final sample included 221
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55 91 physicians.
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6 93 A trained research assistant conducted calls to physician offices using a structured
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9 94 script from April to July 2019 (Appendices A-B). Physician offices were asked about
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11 95 current fee arrangements for uninsured services. If physicians offered an annual block
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14 96 fee, they were asked to provide fee amounts, examples of the services covered, and
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17 97 whether patient payment of the block fee conferred any other benefits (beyond
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20 98 uninsured services) to the patient. Two contact attempts were made resulting in a
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22 99 response rate of 75% (166 physicians). Of the 55 physicians that did not respond, 42 did
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25 100 not answer the phone and 13 had incorrect contact information. We calculated survey
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28 101 weights to account for non-response and to ensure representativeness of the sample by
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31 102 geography and payment model. We tested variation in fee structures across physician
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33 103 and area-level characteristics tested using survey-adjusted chi-squared and F-tests. This
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36 104 study was approved by the Columbia University Medical Centre Institutional Review
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38 105 Board (Protocol #AAAS2855).

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44 107 **Results**

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46 108 Table 1 reports the characteristics of the sample. Of the 166 physicians who responded,
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49 109 112 (weighted prevalence: 71.9%) had a primary practice location in a large urban
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52 110 centre, 29 (18.7%) in a small-medium centre and 25 (9.4%) in a rural area. The majority
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55 111 of physicians (127 physicians; 80.3%) were paid through a traditional or enhanced fee-

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3 112 for-service model (e.g. Ontario Family Health Groups); the remaining 39 physicians
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6 113 (19.7%) were paid through a capitation-based model (the Ontario Family Health
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9 114 Networks and Family Health Organizations). The characteristics of this sample are
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11 115 consistent with other descriptive data on Ontario's primary care workforce.(6,7)
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17 117 Table 2 reports the prevalence of fee structures overall, by geography, and by payment
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19 118 model. One in five family physicians reported that they offer patients the option of
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22 119 paying an annual block fee for uninsured services (20.3%, 95% CI: 14.8, 27.3), 58%
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25 120 charged only à la carte (50.6, 65.8), and 11% charged no fees (7.4, 17.3). All physicians
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28 121 that offered a block fee also gave patients the option to pay à la carte. Fee structures did
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30 122 not vary significantly physician payment models. However, fee structures were
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33 123 significantly different across levels of geography ($p=0.04$; Figure 1). Twenty-five percent
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36 124 of physicians in large urban areas reported charging block fees (17.8, 33.9) compared to
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38 125 10.4% (3.4, 27.8) and 4.5% (1.2, 15.5) in rural areas. Physicians who charged block fees
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41 126 were more likely to practice in areas with a lower proportion of seniors compared to
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44 127 those who did not; however, there were no differences in area-level income across fee
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46 128 structures (Table A1).

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52 130 Of those that charged block fees, the mean annual amount was \$106 (95% CI: \$92, \$121)
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55 131 for an individual and \$194 (95% CI: \$171, \$217) for a family (Figure 2). The most
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3 132 commonly reported services covered by the fee were form completion, doctor's notes,
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6 133 and prescription renewals (by telephone or email). All 33 practices that charged a block
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9 134 fee reported that payment would not provide additional benefits to the patient such as
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11 135 improved access to the physician.
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17 137 **Interpretation**
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19 138 To our knowledge, this is the first study to document the prevalence of fees charged for
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22 139 uninsured services by Canadian family physicians. We found that most of physicians
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25 140 charge some fees for uninsured services. The majority charge patients à la carte and 1 in
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28 141 5 offer patients the option to pay an annual block fee for all uninsured services rendered
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30 142 at their practice.
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36 144 The study did not capture physician or patient perceptions of patient fees. Further, since
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39 145 we used publicly available data, limited information was available to explore variation
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41 146 in fees across physician characteristics. The findings of this study may not be
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44 147 generalizable to other provinces; more research is needed to explore variation in
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47 148 uninsured fee practices across Canada.
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52 150 The high prevalence of fees observed suggests that more research is needed to examine
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55 151 how patients experience fees and their potential consequences. While patients are not
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3 152 obligated to pay block fees, if physicians do not communicate their purpose clearly, this
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6 153 could cause confusion and adverse consequences for patients. This is a particular
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9 154 concern in a context where patients are not accustomed to charges for medical services.
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11 155 For example, patients who receive a letter requesting that they pay a block fee may
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14 156 reduce care seeking or seek out another family doctor (which can be difficult to obtain)
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17 157 if they believe that their failure to pay the block fee affects their standing as a patient.
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19 158 Conversely, patients may pay the block fee when it is unnecessary if they believe
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22 159 payment will affect physician access. If it is unclear why fees are charged and by whom,
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25 160 block fees may also undermine patient trust and confidence in the public health care
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28 161 system.

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33 163 The CPSO emphasizes these concerns in their regulatory policies, stating doctors “must
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36 164 ensure that patient decisions regarding whether to pay a block fee do not affect their ability or the
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38 165 ability of other patients in the practice to access health-care services.”(8) While this study
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40 166 estimated the prevalence of block fees, current communication and administrative practices
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43 167 around block fees remains unknown.

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48 169 Finally, the widespread use of fees for uninsured services may be reason for provincial
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51 170 governments to consider whether public coverage is warranted for some uninsured
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53 171 services. Insuring commonly used services could reduce the financial burden faced by
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56 172 patients and in some cases, may direct patients to more cost-effective services. For

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3 173 example, reimbursement for electronic or telephone prescription renewal in addition to
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6 174 in-office renewals may improve patient adherence to medicines and be less costly for
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9 175 the health system.

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12 177 **Acknowledgments**

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15 178 No acknowledgements to report.

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19 180 **Conflict of Interest Statement**

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22 181 The authors have no conflicts of interest to declare.

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206 [Billing-and-Block-Fees](https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees)

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209 **Tables and Figures**

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211 **Table 1** Sample Characteristics

	Sample Size	Unweighted Prevalence (%)	Weighted Prevalence (%)
Geography			
Large Urban	112	67.5	71.9
Small/Medium	29	17.5	18.7
Rural	25	15.1	9.4
Payment Model			
Fee-For-Service (Traditional or Enhanced)	127	76.5	80.3
Capitation-Based	39	23.5	19.7
Total	166		

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215 **Table 2** Fees for Uninsured Services by Physician Characteristics

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	Block Fee		À La Carte Only		No Fees		Unknown		P-Value
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	
Total	33	20.3 (14.8, 27.3)	97	58.3 (50.6, 65.8)	19	11.4 (7.4, 17.3)	17	9.7 (6.1, 15.3)	-
Geography									
Large Urban	28	25.0 (17.8, 33.9)	64	57.1 (47.8, 66.0)	10	8.9 (4.9, 15.8)	10	8.9 (4.9, 15.8)	0.04
Small/Medium	3	10.4 (3.4, 27.8)	20	68.9 (50.2, 83.0)	4	13.9 (5.3, 31.6)	2	6.9 (1.7, 23.6)	
Rural	2	4.5 (1.2, 15.5)	13	47.5 (27.3, 68.5)	5	25.8 (10.9, 49.7)	5	22.2 (8.7, 46.0)	
Payment Model									
Fee-For-Service	25	19.4 (13.9, 27.8)	74	58.5 (49.7, 66.7)	15	11.5 (7.1, 18.2)	13	10.0 (5.9, 16.5)	0.99
Capitation-Based	8	22.0 (10.8, 39.5)	23	58.2 (40.9, 73.7)	4	11.0 (3.9, 27.4)	4	8.8 (2.9, 23.7)	

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218 *Notes:* Unweighted sample sizes and weighted prevalence. Statistical significance from
 219 survey design-based Pearson chi square statistic.

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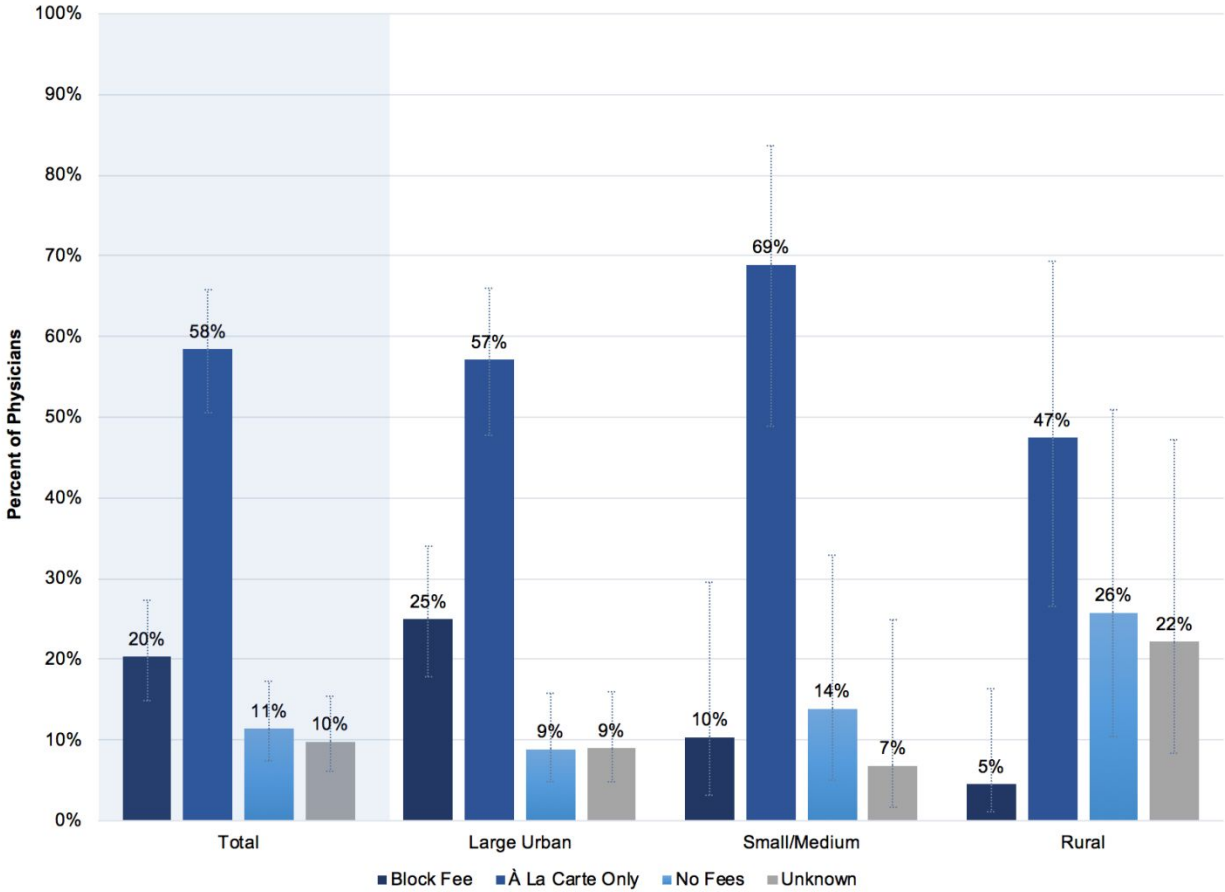
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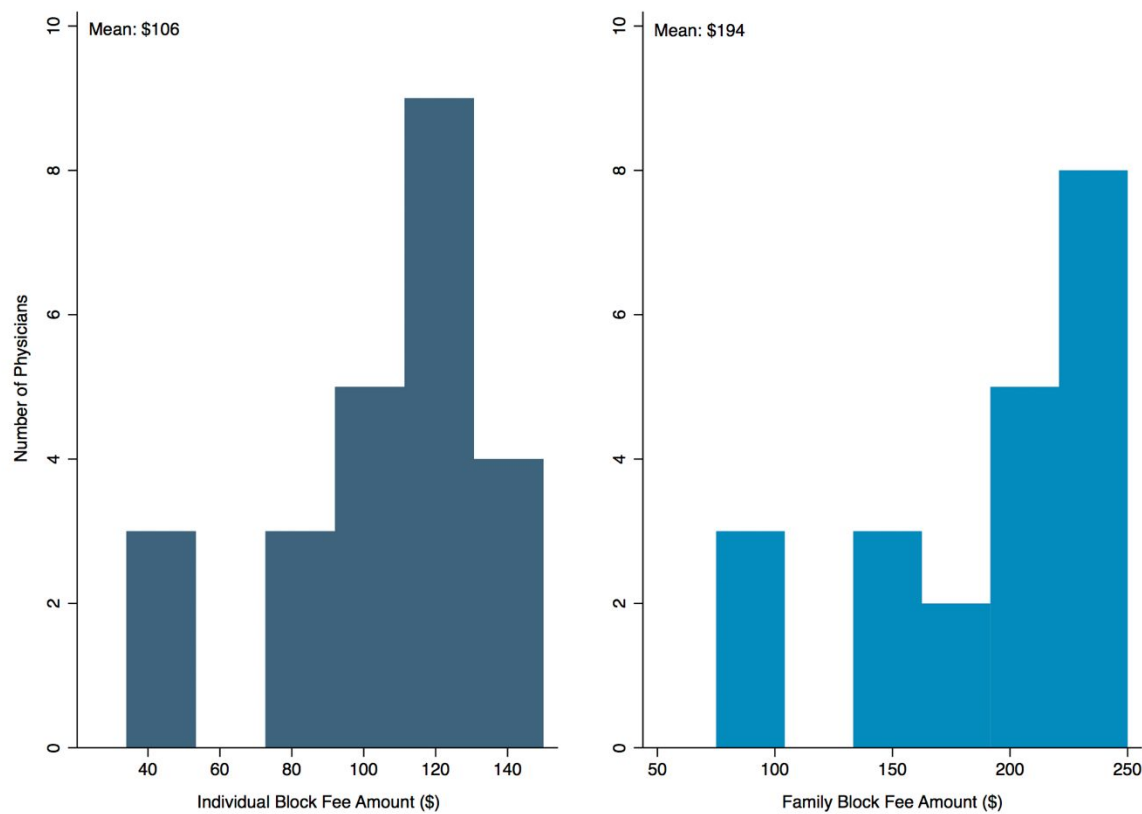
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223 **Figure 1** Prevalence of family physician fees for uninsured services, total and by
 224 geography



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 227 *Notes:* Weighted prevalence. Error bars represent 95 percent confidence intervals. All
 228 physicians that offered a block fee also gave patients the option to pay à la carte.

231 **Figure 2** Distribution of family physician annual block fees for uninsured services



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**APPENDIX A
TELEPHONE SCRIPT**

Q1: Hello, I'm calling to ask whether [DOCTOR NAME] offers the option for patients to pay an annual block fee for uninsured services?

▪ **IF PHYSICIAN DOES NOT CHARGE BLOCK FEES →**

Q8. OK, thank you. Do you charge patients per-service for uninsured services not covered by OHIP [Ontario Health Insurance Program]? For example, would you charge a fee if a patient needed a form filled out for their employer or insurer?

If YES -> Thank you – that's all I need to know for now. Thanks for your help.

If NO -> Do you ever charge fees for uninsured services?

END -> Thank you – that's all I need to know for now. Thanks for your help.

▪ **IF PHYSICIAN CHARGES BLOCK FEES →**

Q3. How much is the fee per year?

Q4. Does that cover an individual or family?

Q5. What services does the annual fee cover?

Q6. If a patient pays the fee, are there any other benefits, such as being able to get an appointment more quickly?

Q7. Roughly how long has the physician charged a block fee?

Q8. Do you also give patients the option to pay per-service (à la carte)? For example, would you charge a fee if a patient needed a form filled out for their employer or insurer?

END -> Thank you – that's all I need to know for now. Thanks for your help.

AFTER THE CALL: IMMEDIATELY FILL OUT POST-CALL EVALUATION

POTENTIAL QUESTIONS AND RESPONSES

→ IF YOU ARE ASKED...

277 Who is calling/Who are you? *I am a researcher from [University Name]. We are conducting a study on*
 278 *the use of block fees for uninsured services among family physicians in Ontario.*

280 What is a block fee? *Block fees are annual fees charged by physicians for services that are not covered by*
 281 *OHIP such as sick notes, providing copies of medical records, or providing prescription refills and*
 282 *medical advice over the phone or email. Instead of charging patients for each uninsured service provided,*
 283 *the physician gives patients the option to pay an annual fee that would cover all of these uninsured*
 284 *services for one year.*

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 286 **APPENDIX B**
 287 **POST CALL EVALUATION FORM**
 288

STUDY ID	DATE	<input type="checkbox"/> CALL #1 <input type="checkbox"/> CALL #2
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289
 290 **Q1. Were you able to connect to a receptionist?**

- 291 **Yes -> PROCEED TO Q2**
 292 No – No one answered the phone
 293 No – Phone number was incorrect
 294 No – Other. *Describe:*

295
 296 **Q2. Does this physician offer a block fee for uninsured services?**

- 297 **Yes -> PROCEED TO Q4**
 298 **No -> PROCEED TO Q8**
 299 Don't know
 300 Refused
 301 Other. *Describe:*

302
 303 **Q4. What is the annual amount of the block fee?**

- 304 Individual adult: \$_____
- 305 Family, if provided: \$_____ [optional]
- 306 Definition of family, if provided: _____ [optional]
- 307 Don't know
- 308 Refused

309
 310 **Q5. What services does the block fee cover? Indicate all services mentioned.**

- 311 Uninsured services (no specific services mentioned)
- 312 Sick notes
- 313 Other forms (e.g. back to work, disability tax credit, fitness club, certificate of fitness)
- 314 Prescription renewal
- 315 Electronic communication with the physician

316 Travel vaccines and immunization records

317 Other. *Describe:*

[Empty text box for description]

318

319 **Q6. Will payment of the block fee provide any other benefits to the patient?**

320 Yes → PROCEED TO Q7

321 Maybe → PROCEED TO Q7

322 No

323 Don't know

324 Refused

325 Other. *Describe:*

[Empty text box for description]

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327 **Q7. How would payment of the block fee provide other benefits to the patient? Describe.**

[Large empty text box for description]

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329 **Q8. Does the practice charge patients à la carte for uninsured services?**

330 Yes

331 No [No fees are charged to patients for uninsured services]

332 Don't know

333 Refused

334 Other. *Describe*

[Empty text box for description]

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336 **Additional notes:**

[Large empty text box for additional notes]

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APPENDIX C: ADDITIONAL RESULTS

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342 **Table A1** Area-Level Demographics by Fee Structure
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Area-Level Demographics [§]	Block Fee	À La Carte Only	No Fees	Unknown	P-Value
Mean Age	39.9 (39.0, 40.7)	41.2 (40.5, 41.9)	40.3 (38.6, 41.9)	41.4 (39.7, 43.0)	0.09
% Population Over Age 65	14.5 (13.3, 15.7)	17.2 (16.2, 18.2)	15.9 (13.3, 18.4)	17.9 (15.4, 20.4)	0.01
Mean After-Tax Household Income	\$81 416 (\$74 707, \$88 125)	\$77 927 (\$73 591, \$82 263)	\$79 683 (\$71 911, \$87 455)	\$72 706 (\$62 971, \$82 440)	0.53
% After-Tax Low Income (Adults 18-64)	15.9 (13.5, 18.4)	15.5 (13.8, 17.2)	13.5 (10.0, 17.0)	18.6 (14.9, 22.2)	0.27

344
345 *Notes:* Weighted proportions and means. Statistical significance from survey-weighted F-test. [§]Area level
346 demographics are measured at the forward sortation area level (first three digits of the postal code).
347
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349

350 **Table A2** Individual and Family Block Fee Amounts

	Mean	95% CI	Range	Unknown (N, %)
Individual	\$106	(\$92, \$121)	\$34-150	9 (27%)
Family	\$194	(\$171, \$217)	\$75-250	12 (36%)

351
352 *Notes:* Weighted means and 95% confidence intervals.
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