The Interim Federal Health Program (IFHP) provides temporary healthcare coverage for specific groups of individuals who are ineligible for provincial or territorial insurance. The purpose of this one-time survey is to understand the engagement of Canadian paediatricians and subspecialists with the IFHP, as well as the perceived barriers and benefits to IFHP registration. For information on the IFHP, visit: https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program.html.

Your contribution is greatly appreciated.

1. Which of the following best describes your practice?
   - General paediatrician
   - Paediatric subspecialist, specify: ______________________________
   - Other health care provider, specify: ______________________________

2. Provide the first three digits of the postal code of the practice where you spend the majority (>50%) of your time: ___    ___    ___

3. Indicate the practice settings in which you spend the majority (>50%) of your time (check all that apply):
   - Academic, teaching hospital
   - Community hospital
   - Hospital-based ambulatory care
   - Community health care
   - Private office
   - Dedicated clinic for refugees/immigrants
   - Other, specify: _______________________________________

4. How many years have you been in independent practice?
   - 0–5 years
   - 6–10 years
   - 11–15 years
   - 16–20 years
   - 21+ years

5. Have you provided medical care for patients eligible for IFHP coverage (e.g., refugee claimants, privately-sponsored refugees, or government-sponsored refugees) in the last six months?
   - Yes
   - No
   - Unknown

   If NO or UNKNOWN, indicate why (select the best option):
   - To my knowledge, there are no patients eligible for IFHP coverage that have sought my services
   - I refer patients eligible for IFHP coverage to a colleague or dedicated refugee health clinic
   - I am unaware of the health coverage status of my patients
   - Other, specify: _______________________________________

   If NO or UNKNOWN, we thank you for completing the survey.

6. How many unique patients with IFHP coverage have you seen in the last six months?
   - 0–5
   - 6–19
   - 20–50
   - >50
   - Unknown

7. In the last six months, have you ever tried to access supplemental benefits through the IFHP (e.g., assistive devices, physiotherapy, nursing care) for your IFHP-covered patients?
   - Yes
   - No

   If YES, rate how difficult or easy it was for your patient to access supplementary services:
   - Very difficult
   - Difficult
   - Easy
   - Very easy

   If VERY DIFFICULT or DIFFICULT, identify which factors made accessing these services difficult (check all that apply):
   - Relevant service and supply providers were not registered for IFHP
   - It was unclear who qualifies for IFHP
   - It was unclear what services and supplies are covered
   - It was unclear how to secure these services (e.g., administrative barriers, paperwork)
   - My requests for services were rejected despite them being covered by IFHP
   - It was time consuming to secure these services
   - Other, specify: _______________________________________

   If NO, indicate why (check all that apply):
   - Not clinically indicated
   - Resources were secured by other means (e.g., privately sponsored, hospital-provided)
   - I did not know supplemental benefits were covered through the IFHP
   - I have not seen a patient with IFHP coverage in the last six months
   - Other, specify: __________________________________________________________________
8. In your understanding, which health-related supplies and/or services are eligible for coverage under the IFHP (check all that apply)?
- Medical services (e.g., hospital, clinic visits)
- Over-the-counter medications and prescription medications
- Feeding supplies and medical equipment (e.g., G-tube, wheelchairs)
- Physiotherapy/occupational therapy/speech therapy
- Home care or nursing services
- Mental health services (e.g., psychology, counselling)
- None of these services
- Other, specify: ____________________________________________________________
- Unknown

9. Have you registered to be an IFHP provider?
- Yes
- No
- Unknown

   If NO, indicate why (check all that apply):
- There are no patients eligible for IFHP coverage who have sought my services
- I did not know I had to register
- I do not know how to register
- I refer patients with IFHP coverage to another colleague or dedicated refugee centre
- I have provided care to IFHP patients, regardless of my registration status
- I have not seen the need to register
- Other, specify: ____________________________________________________________

   If UNKNOWN, indicate why (check all that apply):
- I have provided care to IFHP patients, regardless of my registration status
- I am compensated for the care I provide to IFHP-covered patients regardless of my registration status
- Other, specify: ____________________________________________________________

10. If you had a question about the IFHP, where would you look for more information (check all that apply)?
- Government of Canada website
- IFHP administrator website and/or helpline
- A physician colleague
- Another colleague (e.g., social worker, financial department employee), specify: ___________________________
- Other, specify: __________________________________________________________________________

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Please return this survey with your monthly reporting form.

Thank you for your participation.