Commonwealth of Pennsylvania
Department of Health
2016 Survey of Physicians

IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE, DO NOT MAIL THIS SURVEY.

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the physician workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past physician workforce reports, visit www.health.state.pa.us/workforce. Thank you for your cooperation!

1. Year of birth ___ ___ ___ 2. Sex  □ Male  □ Female  3. Hispanic or Latino origin □ Yes □ No
4. Race (Check one) □ American Indian/Alaska Native □ Asian □ Black/African-American □ Native Hawaiian/Other Pacific Islander □ White/Caucasian □ Two or more races □ Other ___ ___ ___
5. State of residence (State abbreviation) ___ ___ □ Non-U.S. (check)
   5a. County of Residence (Codes on page 4) ___ ___  If you do not practice in Pennsylvania, select 00 for county not in Pennsylvania.
6. In which state did you obtain your DO or MD degree? (State Abbreviation) ___ ___  □ Non-U.S. (check)
   6a. In what year did you obtain this degree? ___ ___ ___ ___ ___
7. In which state did you complete your medical internship/residency for your primary specialty?
   (State abbreviation) ___ ___  □ Non-U.S. (check)
8. In which state were you first licensed as a physician? (State abbreviation) ___ ___  □ Non-U.S. License (check)
   8a. In what year was this first license issued? ___ ___ ___ ___ ___
9. Are you currently in a graduate training program?  □ Yes □ No
10. Enter the code number that best describes your primary specialty area: ___ ___ ___

Note: All surgical specialties are listed alphabetically under surgery.


10a. Did you complete an accredited residency program or fellowship in your primary specialty?  □ Yes □ No □ N/A

Page 1 of 4
10b. Are you ABMS or AOA certified in your primary specialty? □ Yes □ No □ N/A
10c. Are you actively engaged in maintenance of certification? □ Yes □ No □ N/A
10d. Are you actively practicing your primary specialty? □ Yes □ No >> if ‘No,’ skip to question 11.
10e. In which state are you primarily practicing your primary specialty? (State abbreviation) □□ □ Non-U.S. (check)
10f. In which county are you primarily practicing your primary specialty? (Codes on page 4) □□ □
   If you do not practice in Pennsylvania, select 00 for not in Pennsylvania.
   List any other counties in which you practice your primary specialty. (Codes on page 4) 10g. □□ □ □ 10h. □□ □
11. Do you have a secondary specialty? □ Yes □ No >> if ‘No,’ skip to question 12.
   11a. Enter the code number from the list in question 10 that best describes your secondary specialty: □□ □
   11b. Did you complete an accredited residency program or fellowship in your secondary specialty? □ Yes □ No
   11c. Are you ABMS or AOA-certified in your secondary specialty? □ Yes □ No >> if ‘No,’ skip to question 12.
   11d. Are you actively practicing your secondary specialty? □ Yes □ No >> if ‘No,’ skip to question 12.
   11e. In which state are you primarily practicing your secondary specialty? (State abbreviation) □□ □ Non-US (check)
   If you do not practice in Pennsylvania, select 00 for not in Pennsylvania.
   List any other counties in which you practice your secondary specialty. (Codes on page 4) 11g. □□ □ □ 11h. □□ □
12. In the past 12 months, did you volunteer your services as a physician in Pennsylvania? □ Yes □ No
13. In the past 12 months, did you provide direct patient care in a safety net facility in Pennsylvania, including volunteer hours?
   Note: for the purposes of this survey, a safety net provider includes the following: free health clinic, Federally Qualified Health Center (FQHC), Federally Qualified Health Center Look-Alike (FQHC-LA) or certified rural health clinic (RHC).
   □ Yes □ No
14. Have you ever delivered babies as part of your practice? □ Yes □ No >> if ‘No,’ skip to question 15.
   14a. Do you currently deliver babies as part of your practice? □ Yes □ No
   14b. In the past 24 months, did you stop delivering babies as part of your practice? □ Yes □ No
15. What is your current employment status? (Select the best fitting category)
   □ Employed in health care (direct, indirect) □ Unemployed, not seeking work in health care
   □ Employed, not in health care □ Unemployed, seeking work in health care
   □ Unemployed, disabled □ Retired
   If employed in health care continue to question 16.
   If employed, not in health care, unemployed or retired, you have finished the survey. Thank you!
16. Which organization best describes the employer you work for the most hours each week? (Check one)
   □ Consulting/contractual/Locum Tenens □ Insurance □ Urgent care center/clinic
   □ Group practice □ Pharmaceutical company □ University/academic center
   □ Government – federal/state/local □ Private practice – employee □ Other – Independent organization
   □ Hospital □ Public health organization – federal/state/local □ Other_____________________
   □ Health system □
17. Which setting best describes where you work the most hours each week? (Check one)
   □ Academic institution □ Hospital – inpatient □ Office/clinic – Multi specialty
   □ Ambulatory surgical facility □ Hospital – outpatient □ Public Health – federal/state/local
   □ Business/industry/insurance □ Long-term care center □ Research laboratory
   □ Correctional facility □ Nursing home □ Urgent care/convenient care
   □ Emergency department □ Office/clinic – Single specialty □ Other_____________________
   □ Home health □ Office/clinic – Free/no charge
18. If you are employed by or own a medical practice, does this practice utilize physician assistants as part of the care team?
   □ Yes □ No □ N/A
19. If you are employed by or own a medical practice, does this practice utilize nurse practitioners as part of the care team?
   □ Yes □ No □ N/A
20. Are you currently providing clinical or direct patient care on a regular basis? □ Yes □ No >> if ‘Yes,’ skip to question 21.
20a. How many years has it been since you provided clinical or direct patient care?
   □ Less than 2 years □ 2 to less than 5 years □ 5 to less than 10 years □ 10+ Years
21. Indicate the number of hours you spent in Pennsylvania during a typical week in the past 12 months on each activity below: Note: For purposes of this survey, direct patient care includes the amount of time a physician spends directly with patients in a medical setting; including time spent on patient record keeping and patient specific office work. This would also include ‘on call’ hours if the physician is required to remain in a medical facility.


If you responded with zero hours of ‘clinical or direct patient care,’ you have finished the survey. Thank you!

22. Do you accept Medicaid patients? ☐ Yes ☐ No 22a. Are you accepting new Medicaid patients? ☐ Yes ☐ No
23. Do you accept Medicare patients? ☐ Yes ☐ No 23a. Are you accepting new Medicare patients? ☐ Yes ☐ No
24. In the past 6 months, have you utilized language interpretive services to patients? (Languages other than English)
 ☐ Yes ☐ No >> If ‘No,’ skip to question 25.
24a. In which languages did you utilize language interpretive service to patients? (Check all that apply)
☐ Arabic  ☐ Chinese  ☐ French  ☐ German  ☐ Hindi  ☐ Italian  ☐ Korean  ☐ Russian  ☐ Sign Language  ☐ Spanish  ☐ Urdu  ☐ Other________________

For the questions below, please consider your use of health information technology (HIT) to find, send and receive clinical information in your practice in the past 6 months. Exclude the use of HIT for administrative (i.e., billing) functions and for electronic prescribing. Note that for questions 25 and 27, HIT does not include faxing.

25. Do you routinely use HIT to find clinical information about your patients?
 ☐ Yes ☐ No >> if ‘No,’ skip to question 26.
25a. If yes, which kinds of clinical information do you use HIT to find? (Check all that apply)
☐ Care gaps per recommended guidelines (i.e., preventive care, immunizations, etc.)  ☐ Clinical lists (i.e., problems, allergies, clinical notes)
☐ Images  ☐ Lab results  ☐ Prescription drug history via state monitoring system
☐ Recent admits/discharges  ☐ Recent office visits
25b. If yes, the ability to electronically find information has:
☐ Improved my practice  ☐ Hindered my practice  ☐ Made no difference in my practice

26. Do you routinely use HIT to send clinical information (such as that included in 25a.)?
 ☐ Yes ☐ No >> if ‘No,’ skip to question 27.
26a. If yes, who is the typical recipient of clinical information?
☐ Patient  ☐ Other clinician  ☐ Both
26b. If yes, the ability to electronically send clinical information has:
☐ Improved my practice  ☐ Hindered my practice  ☐ Made no difference in my practice

27. Do you routinely use HIT to receive clinical information (such as that included in 25a.)?
 ☐ Yes ☐ No >> if ‘No,’ skip to question 28.
27a. If yes, who is the typical sender of clinical information?
☐ Patient  ☐ Other clinician  ☐ Both
27b. If yes, the ability to electronically receive clinical information has:
☐ Improved my practice  ☐ Hindered my practice  ☐ Made no difference in my practice

28. In the Past 6 months, have you provided care through the use of telehealth technology?
 ☐ Yes ☐ No >> if ‘No,’ skip to question 29.
28a. If yes, In what capacity was the telehealth service provided? (Check all that apply)
☐ Provider to patient  ☐ Provider to provider  ☐ Other____________
☐ Academic/medical school  ☐ Hospital – federal/state  ☐ Nursing home
☐ Ambulatory surgical facility  ☐ Hospital – inpatient  ☐ Office/clinic
☐ Correctional facility  ☐ Hospital – outpatient  ☐ Urgent care/convenient care
☐ Home  ☐ Long-term care center  ☐ Other____________

29. In the past 12 months, how satisfied were you with your medical career?
☐ Very satisfied  ☐ Satisfied  ☐ Dissatisfied  ☐ Very dissatisfied
30. Overall, how satisfied are you with your medical career?
   [ ] Very satisfied   [ ] Satisfied   [ ] Dissatisfied   [ ] Very dissatisfied

31. What is the greatest source of your professional **satisfaction**? (Check one)
   [ ] Career growth   [ ] Decision making autonomy   [ ] Financial reasons –
   [ ] Intellectual challenge   [ ] Patient relationships   [ ] Staff relationships
   [ ] N/A — completely dissatisfied   [ ] Teaching opportunities
   [ ] N/A — completely satisfied
   [ ] Practice environment

32. What is the greatest source of your professional **dissatisfaction**? (Check one)
   [ ] Administrative burden   [ ] Decision making autonomy   [ ] Financial reasons –
   [ ] Intellectual challenge   [ ] Lack of available leisure time   [ ] Limited time spent with patients
   [ ] N/A — completely satisfied
   [ ] Medical care   [ ] N/A — completely satisfied
   [ ] Patient relationships
   [ ] Practice environment

33. How long have you practiced medicine in Pennsylvania?
   [ ] Less than 3 years   [ ] 3 to less than 6 years   [ ] 6 to less than 11 years
   [ ] 11 to less than 16 years   [ ] 16+ years
   [ ] N/A

34. How much longer do you anticipate practicing medicine in Pennsylvania?
   [ ] Less than 3 years   [ ] 3 to less than 6 years   [ ] 6 to less than 11 years
   [ ] 11 to less than 16 years   [ ] 16+ years
   [ ] N/A

35. How much longer do you anticipate practicing direct patient care in Pennsylvania?
   [ ] Less than 3 years   [ ] 3 to less than 6 years   [ ] 6 to less than 11 years
   [ ] 11 to less than 16 years   [ ] 16+ years
   [ ] N/A

36. If you plan to leave direct patient care in Pennsylvania in less than 6 years, indicate your primary reason below (check one).
   [ ] Change careers   [ ] Complete further training
   [ ] Dissatisfaction with career   [ ] End of fellowship/training
   [ ] Family reasons
   [ ] Financial reasons –
   [ ] N/A
   [ ] Physical demands
   [ ] Practice demands
   [ ] Practice restrictions
   [ ] Retirement
   [ ] Relocation
   [ ] Stress/burnout
   [ ] Unknown future
   [ ] Other:________________________

**Thank you!**

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access [www.serv.pa.gov](http://www.serv.pa.gov) for more information.

<table>
<thead>
<tr>
<th>Pennsylvania County Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01=Adams 11=Cambria 21=Cumberland 31=Huntingdon 41=Lycoming 51=Philadelphia 61=Venango</td>
</tr>
<tr>
<td>02=Allegheny 12=Cameron 22=Dauphin 32=Indiana 42=Mckean 52=Pike 62=Warren</td>
</tr>
<tr>
<td>03=Armstrong 13=Carbon 23=Delaware 33=Jefferson 43=Mercer 53=Potter 63=Washington</td>
</tr>
<tr>
<td>04=Beaver 14=Centre 24=Erik 34=Juniata 44=Mifflin 54=Schuylkill 64=Wane</td>
</tr>
<tr>
<td>05=Bedford 15=Chester 25=Erie 35=Lackawanna 45=Monroe 55=Snyder 65=Wemoreland</td>
</tr>
<tr>
<td>06=Bucks 16=Clarin 26=Fayette 36=Lancaster 46=Montgomery 56=Somerset 66=Wyming</td>
</tr>
<tr>
<td>07=Blair 17=Clearfield 27=Forest 37=Lawrence 47=Montour 57=Sullivan 67=York</td>
</tr>
<tr>
<td>08=Bradford 18=Clinton 28=Franklin 38=Lebanon 48=Northampton 58=Susquehanna</td>
</tr>
<tr>
<td>09=Buck 19=Columbia 29=Fulton 39=Lehigh 49=Northumberland 59=Tioga 00=Not in PA</td>
</tr>
<tr>
<td>10=Butler 20=Crawford 30=Greene 40=Luzerne 50=Perry 60=Union</td>
</tr>
</tbody>
</table>