Dear Physician Assistant,

This survey is a collaborative effort of the Utah Medical Education Council, the Utah Department of Health and The Utah Academy of Physician Assistants with the cooperation of the Division of Occupational and Professional Licensing.

The purpose of this survey is to measure the adequacy of Utah’s PA workforce and to make projections of capacity and future need. The data will be compared to survey data the UMEC has collected on Utah’s Physicians and APRNs to evaluate the mix of health care professionals in the state.

We recognize that some of the information requested is private or proprietary in nature. The information collected will remain strictly confidential. Only de-identified, aggregate data will be published. For any questions regarding this survey please contact the UMEC at 801-526-4564.

**Please return the completed survey to the UMEC within 30 days of receipt** in the enclosed postage paid envelope.

Thank you for your valuable time and participation.

Richard Campbell  
Executive Director  
Utah Medical Education Council

Vicki Berger PA-C  
President  
Utah Association of Physician Assistants

Utah Medical Education Council ● 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102  
Phone: (801)-526-4554/ Fax: (801)-526-4551 ● www.utahmec.org
24. If your practice is not full, from which payer types are you accepting additional patients?  
Primary Location: N/A Medicaid Medicare Self-Pay/Uninsured Other Insured Not accepting  
Secondary Location: N/A Medicaid Medicare Self-Pay/Uninsured Other Insured Not accepting  
25. On average, how many days must patients wait for an appointment?  
Primary Practice: New Patients: _______ days Established Patients: _______ days  
Secondary Practice: New Patients: _______ days Established Patients: _______ days  
26. Do you provide charity care?  YES NO (charity does not include write-offs)  
a. If YES, In Utah $ _______ per year  
b. If In Utah, for whom do you provide charity care? □ Children only □ Senior Citizens only □ Any person in need □ Other: ______________________  
27. Within the past two years, have you experienced any of the following: (check all that apply)  
Voluntary unemployment □ Involuntary unemployment □  
Switched employers/practices □ Worked two or more positions at the same time □  
Worked part-time or temporary positions, but would have preferred a full-time or permanent position □  
28. Compared to five years ago, your gross income has:  
Increased by _____ % □ Decreased by _____ % □ Remained the same □  
29. As of now, what is your patient panel size? (indicate if n/a) ___________  
30. What is your race? Caucasian American Indian Asian African American Pacific Islander Other (please specify) ____________________  
31. What is your education level?  
Associate degree □ Master's degree □ Doctoral degree □ Other ________________  
State: _______________ Year of degree: ___________ Check one that applies: State School Private School  
32. What is your average gross compensation? (before taxes AND excluding benefits)  
Less than $50,000 □ $50,000-$59,999 □ $60,000-$69,999 □ $70,000-$79,999 □ $80,000-$89,999 □ $90,000-$99,999 □ $100,000-$109,999 □ $110,000-$119,999 □ $120,000-$129,999 □ $130,000-$139,999 □ $140,000-$149,999 □ $150,000 or more □  
33. How many years from now do you intend to reduce your hours? __________ yrs.  
34. What is your average gross compensation? (before taxes AND excluding benefits)  
Less than $50,000 □ $50,000-$59,999 □ $60,000-$69,999 □ $70,000-$79,999 □ $80,000-$89,999 □ $90,000-$99,999 □ $100,000-$109,999 □ $110,000-$119,999 □ $120,000-$129,999 □ $130,000-$139,999 □ $140,000-$149,999 □ $150,000 or more □  
35. What is your age? __________ yrs. old  
36. In your primary work setting, what is your patient panel size? (indicate if n/a) ___________  
(Panel size is defined as the total number of individual patients assigned to your care).  
37. How satisfied are you with your current employment or work situation? Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied  
38. What is your race? Caucasian American Indian Asian African American Pacific Islander Other (please specify) ____________________  
39. Overall, and taking into account all positions you fill, how satisfied are you with your current employment or work situation? Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied  
40. What is your average gross compensation? (before taxes AND excluding benefits)  
Less than $50,000 □ $50,000-$59,999 □ $60,000-$69,999 □ $70,000-$79,999 □ $80,000-$89,999 □ $90,000-$99,999 □ $100,000-$109,999 □ $110,000-$119,999 □ $120,000-$129,999 □ $130,000-$139,999 □ $140,000-$149,999 □ $150,000 or more □  
41. On a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice to work outside of Utah:  
Military: _______ Practice Opportunities: _______ Lifestyle: _______ Utah Graduate _______  
SECTION 3: PRODUCTIVITY  
If necessary, please work with administrative staff to answer these questions.  
Efforts made to provide complete information will be invaluable in providing new insight into how PAs actually contribute to providing for the healthcare needs of Utah's population.  
34. Please indicate (if known) how many of the following medical professionals are employed at your primary work setting.  
Physicians: _______ APRNs: _______ Other PAs: _______  
35. In your primary work setting, what percent of your practice’s total RVUs do you generate annually? (indicate if n/a) ___________  
36. In your primary work setting, what is your patient panel size? (indicate if n/a) ___________  
(Panel size is defined as the total number of individual patients assigned to your care).  
a. Over what time frame is your patient panel size calculated? Over 12 months □ Over 18 months □  
b. What percentage of your patient panel is (please total to 100%):  
Shared with another provider □ Assigned solely to you □ Referred to you from another provider □  
Thank You for Your Time. Please Return the Survey Using the Enclosed Prepaid Return Envelope  
Utah Medical Education Council 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102  
Phone: (801)-526-4554/ Fax: (801)-526-4551  
www.utahmec.org  
Utah Medical Education Council Physician Assistant Workforce Survey, 2014  
1. Do you provide any health care services in Utah?  YES NO  
a. If NO, please specify why you maintain a Utah license:  
b. If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:  
Family: _______ Wage/Pay scale: _______ Climate: _______  
Lifestyle: _______ Work Environment: _______ Other (specify) _______  
IF YOU DO NOT PROVIDE PROFESSIONAL SERVICES IN UTAH, PLEASE STOP NOW AND RETURN THIS SURVEY  
SECTION 4: WORKING CONDITIONS  
2. What is your primary work status? (please check one of the following)  
Active Full Time □ Retired □ Active Part Time □ Other (specify) _______  
3. On a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice to practice in Utah:  
Family in Utah: _______ Practice Environment: _______ Lifestyle: _______ Utah Graduate _______  
4. What is your gender? Male □ Female □ (a) Age: _______ years  
5. Please describe the city/town where you spent the majority of your upbringing:  
Rural □ Suburban □ Urban □ State: _______ Zip Code: _______  
6. Are you of Hispanic ethnicity?  YES NO  
a. What is your race? Caucasian American Indian Asian African American Pacific Islander Other (please specify) ____________________  
7. What is your highest Physician Assistant degree attained?  
Associate degree □ Master’s degree □ Bachelor’s degree □ Doctoral degree □ Other: ____________________  
8. Please indicate the practice Name, City, and Zip Code, of your primary practice setting and secondary practice setting (if applicable), also, please estimate the total hours worked per week (not including on-call) at each practice location.  
Primary Practice Name: _______________ City: _______________ Zip: _______ Total Hours/wk: _______  
Secondary Practice Name: _______________ City: _______________ Zip: _______ Total Hours/wk: _______  
9. Please enter a code from the list below to describe your Primary and Secondary practice settings:  
01= Critical access hospital □ 10= Multi-specialty physician group practice □ 19= Correctional facility □  
02= Hospital emergency room □ 11= Community Health Center/Facility □ 20= HMO facility □  
03= Hospital operating room □ 12= Certified Rural Health Clinic □ 21= Industrial facility/work site □  
04= Inpatient unit of hospital (not ICU/CCU) □ 13= Federally Qualified Health Center □ 22= Mobile health unit □  
05= ICU/CCU of hospital □ 14= Freestanding surgical facility □ 23= Nursing home or LTC facility □  
06= Outpatient unit of hospital □ 15= Freestanding urgent care facility □ 24= Patients’ homes □  
07= Other unit of hospital □ 16= Other freestanding outpatient facility □ 25= Retail outlet (e.g. MinuteClinic) □  
08= Solo practice physician office □ 17= School-based health facility □ 26= Other □  
09= Single-specialty physician group practice □ 18= University/college student health facility □  
10. Have you voluntarily switched employers/practices within the past two years?  YES NO  
a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to:  
Setting Code Left: _______ Setting Code Moved To: _______
Better Work/Education Fit

11. What percentage of time during a typical clinic day would you interface with a supervising physician?

12. What is the primary supervisory relationship tool used between you and your supervising physician?

Face to Face  Telephone  Text Message  Email  Other

13. Please enter the code from the list below which most closely resembles your:

- PRIMARY specialty:
- SECONDARY specialty:

14. In a typical day, how many patients do you see per hour?

Primary Practice:  pts./hr.  Secondary Practice:  pts./hr.

15. Do you use telemedicine in your practice?

YES  NO

a. If YES, how many times have you been referred / referred a patient for a telemedicine consultation in the last six months?  (Please check and indicate all that apply)

b. If YES, what types of things do you most commonly use telemedicine for?  (Check all that apply)

1. Primary Care Physician  Specialty Care Physician  Other  PA  APRN  Other

c. Which healthcare professionals (excluding your supervising physician) do you consult for/ receive consultation from using telemedicine? (Check all that apply)

1. Preventive Care  Acute Care  Chronic Care

16. Please indicate the approximate number of hours you spend providing direct patient care, each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other PAs (unless all of the hours you work each week are spent in direct patient care without any teaching or training of other PAs, this should be less than the number of hours reported previously in question 8).

Primary Practice:  hrs./wk.  Secondary Practice:  hrs./wk.

17. In providing direct patient care, do you work in a multidisciplinary care team?

YES  NO

a. If YES, which health care professionals (not including your supervising physician) do you work with in providing different types of care?  (Check all that apply)

Primary Care Physician  Specialist Physician  Other PA  APRN  Other

18. Please indicate the average hours per week you spend in the following NON-PATIENT CARE activities:

- The total number of hours distributed between non-patient care activities should not exceed the number of hours left over after the hours reported being spent in direct patient care per week in question 15 are subtracted from the total number of hours worked per week reported in question 8).

NON-PATIENT ACTIVITY

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Hrs./Wk.</th>
<th>SECONDARY SITE</th>
<th>Hrs./Wk.</th>
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<tbody>
<tr>
<td>a. Classroom Training of PAs or other Professionals  (Clinical and/or classroom teaching of students without patient care)</td>
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<tr>
<td>b. Combined Patient Care with Teaching or Training of other PAs  (Supervising or training of residents/students while delivering patient care)</td>
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<tr>
<td>c. Administration/Management  (Planning, budgeting, personnel management, NOT in support of patient care)</td>
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<td>d. Practice Management  (Budgeting, personnel management in order to maintain operation of a practice)</td>
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<tr>
<td>e. Consulting/Research  (Reports, applications, surveys, etc., NOT in support of patient care)</td>
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<tr>
<td>f. Other:  (NOT in support of patient care)</td>
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19. Please indicate the percentage of your patients who fall within the following age groups:  (Total should equal 100%)

Primary Practice:  yrs. %  yrs. %  yrs. %  yrs. %  Total (100%)

Secondary Practice:  yrs. %  yrs. %  yrs. %  yrs. %  Total (100%)

20. What percentage of your patients are:  Male %,  Female %

21. Please indicate the percentage of your patients that fall within each payer group:  (Total should equal 100%)


Primary Practice:  %  %  %  %  %  %  %  %

Secondary Practice:  %  %  %  %  %  %  %  %

22. Do you (or your staff) provide services in any language OTHER than English?

YES  NO

23. Please indicate the status of your primary and secondary practice location(s):

Primary Practice  Secondary Practice

Full (practice cannot accept additional patients)  Nearly Full (practice can accept a limited number of new patients)  Unfilled (practice can accept many new patients – practice far from full)  N/A (practice site is VA, military, or corrections)