License #: _____

pennsylvania
DEPARTMENT OF HEALTH

**Commonwealth of Pennsylvania
Department of Health
2016 Survey of Physician Assistants**

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 assistant 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 assistant 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. Highest physician assistant degree attained? (check one)
☐ Certificate/diploma/associate ☐ Bachelor ☐ Master ☐ Doctorate

   6a. In which state did you obtain this degree? (State Abbreviation) ☐☐ ☐ Non-U.S. (check)

   6b. In what year did you obtain this degree? ☐☐☐☐

7. In which state did you complete the majority of your clinical rotations? (State abbreviation) ☐☐ ☐ Non-U.S. (check)

8. In which state were you first licensed as a physician assistant? (State abbreviation) ☐☐ ☐ Non-U.S. License (check)

   8a. In what year was your first physician assistant license issued? ☐☐☐☐

9. Enter the code number that best describes the primary specialty area in which you are currently practicing: ☐☐

   Note: All surgical specialties are listed alphabetically under surgery.

01= Addiction Medicine	20= Medical Genetics	39= Psychiatry − child and adolescent
02= Adolescent Medicine	21= Neonatal-Perinatal Medicine	
03= Allergy and Immunology	22= Nephrology	40= Psychiatry − forensic
04= Anesthesiology	23= Neurology	41= Pulmonary disease
05= Cardiovascular Disease	24= Neuromusculoskeletal Medicine	42= Radiation oncology
06= Critical Care Medicine		43= Radiology
07= Dermatology	25= Nuclear Medicine	44= Rheumatology
08= Emergency Medicine	26= Obstetrics and Gynecology	45= Sleep medicine
09= Endocrinology, Diabetes and Metabolism	27= Occupational Medicine	46= Surgery − general
	28= Oncology	47= Surgery − colon and rectal
10= Family Medicine/General Practice	29= Ophthalmology	48= Surgery − neurological
	30= Otolaryngology	49= Surgery − orthopedic
11= Gastroenterology	31= Pathology	50= Surgery − pediatric
12= Geriatric Medicine	32= Pediatrics − general	51= Surgery − plastic
13= Gynecology only	33= Pediatrics − subspecialties	52= Surgery − thoracic and cardiac
14= Hematology	34= Pharmacology	53= Surgery − vascular
15= Hospice and Palliative Medicine	35= Physical medicine and rehabilitation	54= Surgery − other
16= Hospitalist	36= Preventive medicine	55= Urology
17= Infectious Diseases	37= Psychiatry − general	56= N/A
18= Internal Medicine − General	38= Psychiatry − adult	
19= Maternal & Fetal Medicine		

9a. Did you complete or are you currently completing a post-graduate physician assistant residency program in your <u>primary</u> specialty area? ☐ Yes ☐ No ☐ N/A

9b. In which state are you primarily practicing your <u>primary</u> specialty area? (State abbreviation) ☐☐
☐ Non-U.S. (check) ☐ N/A

9c. In which county are you primarily practicing your <u>primary</u> specialty area? (Codes on page 4) ☐☐ ☐ N/A
If you do not practice in Pennsylvania, select 00 for a county not in Pennsylvania.

List any other counties in which you practice your <u>primary</u> specialty area. (Codes on page 4)
9d. ☐☐   9e. ☐☐

10. In the past 12 months, did you volunteer your services as a physician assistant in <u>Pennsylvania</u>? ☐ Yes ☐ No

11. In the past 12 months, did you provide direct patient care in a safety net facility in <u>Pennsylvania</u>, 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

12. What is your current employment status? (Select the best fitting category)
☐ Employed in health care (direct, indirect)
☐ Employed, not in health care
☐ Unemployed, disabled
☐ Unemployed, not seeking work in health care
☐ Unemployed, seeking work in health care
☐ Retired

If employed in health care, continue to question 13.
If employed, not in health care, unemployed or retired, you have finished the survey. Thank you!

13. Which organization best describes the <u>employer</u> you work for the most hours each week? (Check one)
☐ Consulting/contractual/Locum Tenens
☐ Group practice
☐ Government – federal/state/local
☐ Hospital
☐ Health system
☐ Insurance
☐ Pharmaceutical company
☐ Private practice – employee
☐ Private practice – full/part owner
☐ Public health organization – federal/state/local
☐ Urgent care center/clinic
☐ University/academic center
☐ Other – independent organization
☐ Other_____
☐ N/A

14. Which <u>setting</u> best describes where you work the most hours each week? **(**Check one**)**
☐ Academic institution
☐ Ambulatory surgical facility
☐ Business/industry/insurance
☐ Correctional facility
☐ Emergency department
☐ Home health
☐ Hospital – federal/state
☐ Hospital – inpatient
☐ Hospital – outpatient
☐ Long-term care center
☐ Nursing home
☐ Office/Clinic – Solo practice
☐ Office/Clinic – Single specialty
☐ Office/Clinic – Free/no charge
☐ Office/clinic – multi specialty
☐ Public Health – federal/state/local
☐ Research laboratory
☐ Urgent care/convenient care
☐ Other_____

15. Are you currently providing clinical or direct patient care on a regular basis? ☐ Yes ☐ No >> **if 'Yes,' skip to question 16**

15a. How many years has it been since your provided clinical or direct patient care?
☐ Less than 2 years   ☐ 2 to less than 5 years   ☐ 5 to less than 10 years   ☐ 10+ Years

16. Indicate number of hours you spent <u>in Pennsylvania</u> 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 assistant 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 assistant is required to remain in a medical facility.

16a. ☐☐ Administration   16b. ☐☐ Research
16c. ☐☐ Teaching/education   16d. ☐☐ Clinical or direct patient care

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

17. What type of physician <u>primarily</u> supervises you? ☐ MD   ☐ DO

18. In the past 6 months, have you utilized language interpretive services to patients? (Languages other than English)
☐ Yes   ☐ No   **>>If 'No,' skip to question 19.**
  18a. 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_____

The following questions ask about your use of information technology (IT) in your practice in the <u>past 6 months</u>.
For the questions below, please consider your use of health information technology (HIT) to find, send, and receive <u>clinical information</u>. Exclude the use of HIT for administrative (i.e. billing) functions and for electronic prescribing. Note that for questions 20 and 21, HIT does <u>not</u> include faxing.

19. Do you routinely use HIT to <u>find</u> clinical information about your patients?
☐ Yes   ☐ No >> **if 'No,' skip to question 20**
  19a. 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

  19b. If yes, the ability to electronically find information has:

☐ Improved my practice	☐ Hindered my practice	☐ Made no difference in my practice

20. Do you routinely use HIT to <u>send</u> clinical information (such as that included in 19a.)?
☐ Yes   ☐ No >> **if 'No,' skip to question 21.**
  20a. If yes, who is the typical recipient of clinical information?

☐ Patient	☐ Other clinician	☐ Both

  20b. If yes, the ability to electronically send clinical information has:

☐ Improved my practice	☐ Hindered my practice	☐ Made no difference in my practice

21. Do you routinely use HIT to <u>receive</u> clinical information (such as that included in 19a.)?
☐ Yes ☐ No >> **if 'No,' skip to question 22.**
  21a. If yes, who is the typical sender of clinical information?

☐ Patient	☐ Other clinician	☐ Both

  21b. If yes, the ability to electronically receive clinical information has:

☐ Improved my practice	☐ Hindered my practice	☐ Made no difference in my practice

22. In the Past 6 months, have you provided care through the use of telehealth technology?
☐ Yes ☐ No >> **if 'No,' skip to question 23.**
  22a. If yes, In what capacity was the telehealth service provided? (Check all that apply)

☐ Provider to patient	☐ Provider to provider	☐ Other_____

  22b. If yes, what setting was the telehealth service provided? (Check all that apply)

☐ 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_____

23. In the <u>past 12 months</u>, how **satisfied** were you with your medical career?
☐ Very satisfied   ☐ Satisfied   ☐ Dissatisfied   ☐ Very dissatisfied

24. <u>Overall</u>, how **satisfied** are you with your medical career?
☐ Very satisfied   ☐ Satisfied   ☐ Dissatisfied   ☐ Very dissatisfied

25. What is the greatest source of your professional **satisfaction**? (Check one)

- ☐ Career growth
- ☐ Decision making autonomy
- ☐ Financial reasons – salary/income/benefits
- ☐ Intellectual challenge
- ☐ Patient relationships
- ☐ Staff relationships
- ☐ Patient care
- ☐ Practice environment
- ☐ Religious/philosophical
- ☐ Teaching opportunities
- ☐ N/A — completely dissatisfied
- ☐ Other:_____

26. What is the greatest source of your professional **dissatisfaction**? (Check one)

- ☐ Administrative burden
- ☐ Decision making autonomy
- ☐ Health information technology
- ☐ Insurance coverage
- ☐ Financial reasons – salary/income/benefits
- ☐ Lack of available leisure time
- ☐ Limited time spent with patients
- ☐ Oversight
- ☐ Patient relationships
- ☐ Practice environment
- ☐ Practice restrictions
- ☐ Staff relationships
- ☐ N/A — completely satisfied
- ☐ Other:_____

27. How long have you practiced as a physician assistant 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

28. How much longer do you anticipate practicing as a physician assistant 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

29. How much longer do you anticipate practicing direct patient care as a physician assistant 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

30. 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 – salary/income/benefits
- ☐ 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 for more information.

Pennsylvania County Codes

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