License #: _____ ◇

pennsylvania
DEPARTMENT OF HEALTH

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 <u>primary</u> specialty area: ☐☐

Note: All surgical specialties are listed alphabetically under surgery.

01= Addiction Medicine
02= Adolescent Medicine
03= Allergy and Immunology
04= Anesthesiology
05= Cardiovascular Disease
06= Critical Care Medicine
07= Dermatology
08= Emergency Medicine
09= Endocrinology, Diabetes and Metabolism
10= Family Medicine/General Practice
11= Gastroenterology
12= Geriatric Medicine
13= Gynecology only
14= Hematology
15= Hospice and Palliative Medicine
16= Hospitalist
17= Infectious Diseases
18= Internal Medicine − general
19= Maternal and Fetal Medicine

20= Medical Genetics
21= Neonatal-Perinatal Medicine
22= Nephrology
23= Neurology
24= Neuromusculoskeletal Medicine
25= Nuclear Medicine
26= Obstetrics and Gynecology
27= Occupational Medicine
28= Oncology
29= Ophthalmology
30= Otolaryngology
31= Pathology
32= Pediatrics − general
33= Pediatrics − subspecialties
34= Pharmacology
35= Physical Medicine and Rehabilitation
36= Preventive Medicine
37= Psychiatry − general

38= Psychiatry − adult
39= Psychiatry − child and adolescent
40= Psychiatry − forensic
41= Pulmonary Disease
42= Radiation Oncology
43= Radiology
44= Rheumatology
45= Sleep Medicine
46= Surgery − general
47= Surgery − colon and rectal
48= Surgery − neurological
49= Surgery − orthopedic
50= Surgery − pediatric
51= Surgery − plastic
52= Surgery − thoracic and cardiac
53= Surgery − vascular
54= Surgery − other
55= Urology
56= N/A

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

10b. Are you ABMS or AOA certified in your <u>primary</u> specialty? ☐ Yes ☐ No ☐ N/A
10c. Are you actively engaged in maintenance of certification? ☐ Yes ☐ No ☐ N/A
10d. Are you actively practicing your <u>primary</u> specialty? ☐ Yes ☐ No >> **if 'No,' skip to question 11.**

10e. In which state are you primarily practicing your <u>primary</u> specialty? (State abbreviation) ☐☐ ☐ Non-U.S. (check)

10f. In which county are you primarily practicing your <u>primary</u> 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
  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)

  11f. In which county are you primarily practicing your secondary 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 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 <u>employer</u> you work for the most hours each week? (Check one)
    ☐ Consulting/contractual/Locum   ☐ Insurance   ☐ Urgent care center/clinic
    Tenens   ☐ Pharmaceutical company   ☐ University/academic center
    ☐ Group practice   ☐ Private practice – employee   ☐ Other – Independent organization
    ☐ Government – federal/state/local ☐ Private practice – full/part owner ☐ Other_____
    ☐ Hospital   ☐ Public health organization –   ☐ N/A
    ☐ Health system   federal/state/local

17. Which <u>setting</u> 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 – Solo practice ☐ Other_____
    ☐ Home health   ☐ Office/clinic – Single specialty
    ☐ Hospital – federal/state   ☐ 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 <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 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.

21a. ☐☐ Administration   21b. ☐☐ Research

21c. ☐☐ Teaching/education   21d. ☐☐ Clinical or direct patient care

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 <u>clinical information</u> in your practice in the <u>past 6 months</u>. Exclude the use of HIT for administrative (i.e., billing) functions and for electronic prescribing. Note that for questions 26 and 27, HIT does <u>not</u> include faxing.

25. Do you routinely use HIT to <u>find</u> 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)   ☐ Prescription drug history via state monitoring system
☐ Images   ☐ Recent admits/discharges
☐ Lab results   ☐ 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 <u>send</u> 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 <u>receive</u> 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_____

28b. 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_____

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

30. <u>Overall</u>, 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 – salary/income/benefits
☐ Intellectual challenge
☐ Patient relationships
☐ Staff relationships
☐ Patient care
☐ Practice environment
☐ Religious/philosophical
☐ Teaching opportunities
☐ N/A — completely dissatisfied
☐ Other:_____

32. 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:_____

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 <u>primary</u> 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	