

Appendix C:

Vermont MD Census 2016

Identification

1) First Name* _____

2) Middle Name (if any) _____

3) Last Name* _____

4) Vermont Physician License Number* _____

Demographics

5) Date of birth (M/D/YYYY)* _____

6) Sex

() Male

() Female

7) How would you classify your race (check all that apply):

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

Prefer not to answer

Other - please specify: _____

8) Are you Hispanic, Latino/a, or of Spanish origin?

No

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino/a, or of Spanish origin

Prefer not to answer

Training

9) Please enter the two letter code for the state where you completed your Medical Doctor education: _____

10) If completed outside the U.S. or Canada, please specify country: _____

11) Please enter the two letter code for the state where you completed your first residency, if any: _____

12) In what year did you start practicing (anywhere) as a Physician? (if never, leave blank) _____

13) In what year did you start practicing as a Physician in Vermont? (if never, leave blank) _____

Currently active

14) Please check all of the boxes that describe your practice as a Physician:*

- Active in clinical practice in Vermont
- Active in clinical practice outside Vermont
- Actively working in a field other than medicine
- Not currently working
- Retired

if not active

16) How many years has it been since you provided clinical or patient care?

- less than 2 years
- 2 to 5 years
- 5 to 10 years
- more than 10 years
- I have never provided clinical or patient care

17) Do you plan to start (or resume) clinical practice in Vermont within the next 12 months?

- yes
- no

[and skip to end of census form]

if currently active

18) Do you plan to retire, or leave your principal Vermont clinical practice, within the next 12 months?

- yes
- no

19) Do you plan to reduce your patient care hours in Vermont within the next 12 months?

- yes
- no

20) Do you use email (or other electronic text-based methods such as texting, or web-based forms) for two-way communication with some of your clients/patients?

- Yes
- No, although my practice site offers this option
- No, my practice site does not offer this option

21) Do you feel that these electronic methods improve, or could improve, your engagement/communication with your patients?

- Yes
- No
- Not sure

Practice Site 1 (your principal Vermont clinical practice site):

22) Vermont town name:* _____

23) ZIP code of practice location:* _____

24) Practice name: _____

25) Street Address: _____

26) Choose the **ONE** description that best fits your practice setting at this site:*

- Office-based solo physician practice
- Office-based single-specialty physician group
- Office-based multi-specialty physician group
- Hospital emergency department
- Hospital inpatient department
- Hospital outpatient department
- Hospital in- and out-patient
- Hospital ambulatory care center
- Urgent Care / Walk in
- Federal hospital / VA
- Federal / community health center (FQHC/RHC/CHC)
- Community Mental Health Center
- Home health setting
- Nursing home / extended care facility
- Hospice care
- Clinic serving a School or college
- Occupational health setting
- Free Clinic
- Telemedicine
- Other - please specify: _____*

27) Do you work here as locum tenens, on a contract that is for less than a year? (A locum tenens is an employee contracted through a staffing firm or is a self-employed contractor)

Yes No

The following questions are about direct patient care:

28) Enter the number of weeks per year during which you provide any direct patient care here: (48 weeks per year is considered "year-round".)* _____

29) Main specialty you actually practice at this site (with or without a certification): [pull-down menu]

30) If you selected "Other specialties, Not listed", please describe: _____

31) Hours per working week in direct patient care in main specialty here: (Direct patient care includes diagnosis, treatment and clinical reporting.)* _____

32) Secondary specialty you actually practice at this site (if any): [pull-down menu]

33) If you selected "Other specialties, Not listed", please describe: _____

34) Hours per working week in direct patient care in Secondary specialty, if any: _____

35) Tertiary specialty you actually practice at this site (if any): [pull-down menu]

36) Hours per working week in direct patient care in tertiary specialty, if any: _____

37) Please answer each of the following questions about *your work at this site* providing direct patient care:

| | yes | no | n.a. |
|--|--------------------------|--------------------------|--------------------------|
| I will accept new patients here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I participate in Medicaid here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I will accept new Medicaid patients here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I participate in Medicare here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I will accept new Medicare patients here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

38) Please tell us about time you spend on activities *other than* direct patient care *at this site*:

Hours per working week in administration at this site: _____

Hours per working week in supervision at this site: _____

Hours per working week in teaching at this site: _____

Hours per working week in research at this site: _____

Hours per working week in other activities (not mentioned above) at this site: _____

Please describe these other activities, if any, e.g., quality improvement, continuing education, etc:

39) If there is anything else you want to tell us about your practice at this site please enter it here:

Second Vermont practice site

40) Do you have a second practice site in Vermont?*

yes no

[if yes, same questions as for Site 1]

Third Vermont practice site

58) Do you have a third practice site in Vermont?*

yes no

[if yes, same questions as for Site 1]

75) Do you have more than three practice sites in Vermont?

yes no

76) Please describe your work at additional sites beyond the three you entered above, briefly, including locations, specialties and hours: _____

77) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:
