

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



2012 Physician Workforce Census Survey

Section A: PRACTICE INFORMATION

1. What is the purpose of your application?
 - Active License Renewal
 - Paid Inactive Status Request

2. Are you engaged in (check all that apply):
 - Academic Educational Medicine
 - Administrative Medicine
 - Clinical/Patient Care Hours
 - Preventive Medicine and Public Health
 - Research Medicine
 - None of the above

3. Please indicate the average number of hours spent per week on these activities (check all that apply):

Academic Educational Medicine	Administrative Medicine	Clinical/Patient Care Hours	Preventive Medicine & Public Health	Research Medicine
<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours
Are greater than 50% of these hours spent in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No

3b. If you engage in Administrative Medicine, please specify the type (check all that apply):

- Private Practice Administration
- Hospital Administration
- Government Administration
- District of Columbia Government Administration
- Insurance Company Administration
- Other: _____

4. What is the full address of your primary practice setting?

City _____ State _____ Zip Code _____

4b. How many hours per week are you practicing at this primary practice setting?

- Under 20 hours
- Greater than or equal to 20 hours

5. What is your primary specialty of practice?

- | | | |
|----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> AC - Academic Medicine | <input type="checkbox"/> OB - Obstetrics & Gynecology | <input type="radio"/> PED/RH Rheumatology |
| <input type="checkbox"/> ADM - Administrative Medicine | <input type="checkbox"/> OP - Ophthalmology | <input type="checkbox"/> PMR – Physical Medicine & Rehabilitation |
| <input type="checkbox"/> AI - Allergy/Immunology | <input type="checkbox"/> OMT – Osteopathic Manipulative Treatment | <input type="checkbox"/> PR – Preventive Medicine/Public Health |
| <input type="checkbox"/> AN - Anesthesiology | <input type="checkbox"/> ENT – Otolaryngology | <input type="checkbox"/> PSY – Psychiatry |
| <input type="checkbox"/> DE - Dermatology | <input type="checkbox"/> PA - Pathology | <input type="checkbox"/> RA – Radiology |
| <input type="checkbox"/> EM - Emergency medicine | <input type="checkbox"/> PED - Pediatrics (General) | <input type="checkbox"/> REM – Research Medicine |
| <input type="checkbox"/> FM - Family Medicine | <input type="checkbox"/> Pediatrics (Specialized): | <input type="checkbox"/> SU/GE - Surgery (General) |
| <input type="checkbox"/> GE – Geriatrics | <input type="radio"/> PED/AD Adolescent Medicine | <input type="checkbox"/> Surgery (Specialized) |
| <input type="checkbox"/> IM - Internal Medicine (General) | <input type="radio"/> PED/CA Cardiology | <input type="radio"/> SU/BT Burn/Trauma Surgery |
| <input type="checkbox"/> IM - Internal Medicine (Specialized): | <input type="radio"/> PED/CC Critical Care | <input type="radio"/> SU/CS Cardiac Surgery |
| <input type="radio"/> IN/CA Cardiology | <input type="radio"/> PED/EN Endocrinology | <input type="radio"/> SU/CO Colon/Rectal Surgery |
| <input type="radio"/> IN/CC Critical Care | <input type="radio"/> PED/GI Gastroenterology | <input type="radio"/> SU/NE Neurological Surgery |
| <input type="radio"/> IN/EN Endocrinology | <input type="radio"/> PED/HEM Hematology | <input type="radio"/> SU/OR Orthopedic Surgery |
| <input type="radio"/> IN/GI Gastroenterology | <input type="radio"/> PED/ID Infectious Disease | <input type="radio"/> SU/PL Plastic Surgery |
| <input type="radio"/> IN/HEM Hematology | <input type="radio"/> PED/NEO Neonatology | <input type="radio"/> SU/TH Thoracic Surgery |
| <input type="radio"/> IN/ID Infectious Disease | <input type="radio"/> PED/NEP Nephrology | <input type="radio"/> SU/TP Transplant Surgery |
| <input type="radio"/> IN/NEP Nephrology | <input type="radio"/> PED/NEU Neurology | <input type="radio"/> SU/UR Urology |
| <input type="radio"/> IN/NEU Neurology | <input type="radio"/> PED/ONC Oncology | <input type="radio"/> SU/VA Vascular |
| <input type="radio"/> IN/ONC Oncology | <input type="radio"/> PED/PC Palliative Care | <input type="checkbox"/> Other: _____ |
| <input type="radio"/> IN/PC Palliative Care | <input type="radio"/> PED/PCC Pulmonary Critical Care | |
| <input type="radio"/> IN/PCC Pulmonary Critical Care | <input type="radio"/> PED/PUD Pulmonary Disease | |
| <input type="radio"/> IN/PUD Pulmonary Disease | | |
| <input type="radio"/> IN/RH Rheumatology | | |
| <input type="checkbox"/> MG - Medicine Genetics | | |
| <input type="checkbox"/> NU – Nuclear Medicine | | |
| <input type="checkbox"/> OC – Occupational Health | | |

5b. Are you providing patient care in your primary specialty area of practice?

- Yes
- No

5c. Are you Board Certified in your primary specialty area of practice?

- Yes
- No

5d. If No, Are you Board Eligible in your primary specialty area of practice?

- Yes
- No

5e. How many hours per week do you spend in your primary specialty area of practice?

- Less than 20 hours
- Greater than or equal to 20 hours

6. Do you accept or participate with Medicare?

- Yes
- No

6b. Do you accept or participate with Medicaid?

- Yes
- No

6c. Do you accept or participate with DC Healthcare Alliance?

- Yes
- No

7. Within the next 2 years, do you plan to (check any that apply):

- Retire from patient care
- Reduce patient hours
- Increase patient hours
- Move your clinical practice to another geographic location in DC
- Move your clinical practice out of DC
- Change to full-time non-clinical professional activities (academic educational medicine/administrative medicine/preventive & public health medicine/research medicine)
- Add an additional practitioner to your practice
- None of the above

8. Where do you obtain the **majority** of your CME credits? (please select one)

- Online (i.e. webinar, distance Learning)
- CD-ROMs, Audio CDs, or DVDs accompanied with printed materials
- Professional Conferences
- Hospital-Based Seminars (i.e. grand rounds, etc.)
- Educational Institution (i.e. universities, medical schools)

8b. Of the CMEs completed for the current renewal cycle, what percentage were in:

- General medicine _____%
 - Your primary area of specialty _____%
 - Ethics _____%
 - Practice Management _____%
 - Other: _____%
- Total: 100%

Section B: PRIMARY CARE PHYSICIAN WORKFORCE

Only complete this section if your specialty area of practice in ONE OF THE FOLLOWING AREAS:

1. *Internal Medicine (General)*
2. *Family Medicine*
3. *Pediatrics (General)*
4. *Obstetrics & Gynecology*

If your primary specialty area of practice is NOT one of these four areas, please proceed to "Section C: Special Topics."

9. Which of the following settings serves as the primary location where you conduct the majority of your clinical/patient care?

- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

9b. Are you currently accepting new patients?

- Yes
- No

10. If you have more than one clinical/patient care practice location, what is your secondary practice setting?

- I do not have a secondary practice setting
- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

10b. What is the full address of your secondary practice location?

City _____ State _____ Zip Code _____

10c. Are you currently accepting new patients at this secondary practice location?

- Yes
- No

10d. How many hours per week are you practicing at this secondary practice location?

- Under 20 hours
- Greater than or equal to 20 hours

11. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?

- Yes
- No

11b. Do you offer scheduled weekend hours at your practice location(s)?

- Yes
- No

If you do NOT practice Obstetrics & Gynecology, please skip ahead to Section C: Special Topics.

12. If you are an OB/GYN, do you practice Obstetrics?

- Yes
- No

12b. What percentage of your practice is dedicated to Obstetrics?

- Greater than 50%
- Less than 50%

Section C: SPECIAL TOPICS

TELEMEDICINE (Technology Assisted Medicine)

The D.C. Board of Medicine defines “*Telemedicine*” as “*the practice of medicine by a licensed practitioner to provide patient care treatment or services, from any distance, through the use of health information and technology communications.*”

13. Do you agree that telemedicine is the practice of medicine?

- Yes
- No

13b. Do you currently use telemedicine in your practice?

- Yes
- No

13c. If no, do you anticipate incorporating telemedicine in your practice within the next 5 years?

- Yes
- No

SOCIAL MEDIA

14. Which of the following forms of social media do you use in your practice of medicine (professional use only)? Please select all that apply:

- Blogs
- Facebook
- Twitter
- LinkedIn
- Google+
- YouTube
- Physician Communities
- Patient Communities
- Other: _____
- None of the Above

14b. Do you believe that social media use has communicative value within a physician-patient relationship?

- Yes
- No

ADVANCED PRACTICE CLINICIANS (APCs)

15. Do you supervise or work closely with an Advanced Practice Clinician – *defined as a Physician Assistant (PA), Nurse Practitioner (NP), Midwife, or Certified Nurse Specialist* – in your practice?

- Yes
- No

15b. If you answered “no,” do you plan to add an Advanced Practice Clinician to your practice in the next two years?

- Yes
- No

ELECTRONIC MEDICAL RECORD USE

16. Do you use e-prescribing?

- Yes
- No

16b. Do you use electronic health records (EHR)?

- Yes
- No

16c. Does your EHR allow patient access, (i.e. patient portal)?

- Yes
- No

PATIENT PROTECTION & AFFORDABLE CARE ACT

17. Do you believe that the Patient Protection & Affordable Care Act will have a positive effect on healthcare in the District of Columbia?

- Yes
- No
- Don't know

17b. If yes, how do you believe the Patient Protection & Affordable Care Act will impact healthcare in the District of Columbia (select all that apply)?

- It will increase patient access to care
- It will improve the overall quality of healthcare delivered
- It will provide more autonomy for physicians in their deliver of patient care
- It will enhance the financial viability of my practice
- Other: _____

17c. What is your overall opinion of the Patient Protection & Affordable Care Act?

- It went too far
- It did not go far enough
- It will be ineffective toward reforming health care in the US
- It will be effective toward reforming health care in the US

Thank you for your time and effort in completing the 2012 Physician Workforce Survey!