

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



**2012 Physician Assistant Workforce Census Survey**

Section A: PRACTICE INFORMATION

1. What is the purpose of your application?
  - Active License Renewal
  - Paid Inactive Status Request
  
2. Which of the following describes the degree or certificate you were awarded upon completion of your PA training?
  - Certificate/Diploma
  - Bachelor's degree
  - Military Training Certification
  - Associate Degree
  - Master's Degree
  - Other: \_\_\_\_\_
  
3. Are you engaged in (check all that apply):
  - Academic Education Medicine
  - Administrative Medicine
  - Clinical/Patient Care Hours
  - Preventive Medicine and Public Health
  - Research Medicine
  - None of the above
  
4. 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

4b. 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: \_\_\_\_\_

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

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5b. How many hours per week are you practicing at this primary practice setting?

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

6. What is your primary specialty of practice?

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

6b. Are you providing patient care in your specialty area?

- Yes
- No

6c. How many hours per week do you spend in your primary area of practice?

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

6d. Which of the following best describes the primary area of practice of your supervising physician?

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

7. Do you accept or participate with Medicare?

- Yes
- No

7b. Do you accept or participate with Medicaid?

- Yes
- No

7c. Do you accept or participate with DC Healthcare Alliance?

- Yes
- No

8. 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 (administrative/academic educational/research medicine/public health)
- Add additional practitioner to your practice
- None of the above

9. 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)

9b. Of the CMEs completed for the current renewal cycle, what percentage were in:

- |                                  |               |      |
|----------------------------------|---------------|------|
| ▪ General medicine               | _____         | %    |
| ▪ Your primary area of specialty | _____         | %    |
| ▪ Ethics                         | _____         | %    |
| ▪ Practice Management            | _____         | %    |
| ▪ Other: _____                   | _____         | %    |
|                                  | <u>Total:</u> | 100% |

**Section B: PRIMARY CARE PHYSICIAN ASSISTANT 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."*

10. 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: \_\_\_\_\_

10b. Are you currently accepting new patients?

- Yes
- No

11. If you have more than one clinical/patient care practice location, what is your 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: \_\_\_\_\_

11b. What is the full address of your secondary practice location?

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

11c. Are you currently accepting new patients at this secondary practice location?

- Yes
- No

11d. How many hours per week are you practicing at this secondary practice location?

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

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

- Yes
- No

12b. 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.*

13. If your specialty is Obstetrics & Gynecology, do you practice Obstetrics?

- Yes
- No

13b. What percentage of your practice is dedicated to Obstetrics?

- Greater than 50%
- Less than 50%

## Section C: Special Topics

### TELEMEDICINE (Technology Assisted Medicine)

14. Do agree that telemedicine is the practice of medicine?

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

- Yes
- No

14b. Do you currently use telemedicine in your practice?

- Yes
- No

14c. If no, do you anticipate incorporating telemedicine in your practice within the next 5 years?

- Yes
- No

### SOCIAL MEDIA

15. 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

15b. Do you believe that social media use has communicative value within a physician-patient relationship?

- 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 Assistant Workforce Survey!*