

Health Professional Shortage Area and Maternal Care Target Area Provider Survey

Thank you for participating in the Health Professional Shortage Area (HPSA) and Maternal Care Target Area (MCTA) Survey.

Multiple Providers/Providers at Multiple Locations

- The survey will allow one entry (provider) at a time. However, you will not have to exit the survey to enter another.
- If the provider is providing services at multiple locations, each location requires its own entry.

Completing the Survey

To return to a prior page select the **"Back"** button at the bottom of each survey page; do not use your browser's back button.

Selecting **"Submit"** will record your data and "loop" back to the beginning for those who are responding for more than one provider.

If you are finished, you can end the session, **after selecting Submit**, by exiting the browser.

Definitions

For HPSA purposes only, the federal guidelines define a **"primary care"** professional as a non-federal* physician with an active Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) credential who provides direct patient care in one or more of the following primary care specialty areas:

- General or family medicine
- General internal medicine
- General obstetrics and gynecology (OB/GYN)
- General gynecology
- General pediatrics
- General geriatrics

This survey defines a **"dental health"** professional as a non-federal* dentist with an active dentist credential who provides patient care addressing general dental care.

- General dentist
- Pediatric dentist

This survey defines a **"mental health"** professional as a non-federal* physician with an active Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) credential who provides mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings.

- Adult psychiatry
- Adolescent/child psychiatry

This survey defines a full scope **"maternal care"** health professional as a MD/DO or PA, a certified nurse midwife, or a licensed midwife who provides care during labor, birthing, prenatal, and postpartum.

**Non-federal refers to providers that are not federally employed or fulfilling service obligations through federally funded programs.*

Results are published and presented in aggregate, containing no personally identifiable information. Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act).

Information about the physician is necessary to assist in approximating provider counts in your area.

Q1: Enter the physician's name.

First name:	
Middle name:	
Last name:	

Q2: Enter your 10-digit National Provider Identifier (NPI) number (e.g. 0000000000).

Q3: Enter your 8-digit Washington State credential number (e.g. 00000000).

Q4: Enter the practice street address.

Street:	
City:	
ZIP Code:	
Phone:	
Fax:	

Q5: Is the mailing address different from the street address?

Yes No

Q6: Enter the practice mailing address.

Street:	
City:	
ZIP Code:	
Phone:	
Fax:	

Q7: What is your area of discipline?

<input type="checkbox"/>	Primary care: medical doctor (MD) or osteopathic physician (DO)
<input type="checkbox"/>	Mental health (psychiatry only): medical doctor (MD) or osteopathic physician (DO)
<input type="checkbox"/>	Dental health: doctor of dental surgery (DDS) or doctor of dental medicine (DMD)
<input type="checkbox"/>	Maternal Care: medical doctor (MD) / osteopathic physician (DO) (OB/GYN only) or certified nurse midwife (CNM)

Q8: Estimate the number of hours you spend in direct patient care primarily practicing in the any following areas per week. (Note: federal guidelines allow the standard U.S. 40-hour work week and include OB/GYN as primary care).

Practice field	Hours
General or family medicine	
General internal medicine	
General obstetrics and gynecology (OB/GYN)	
General pediatrics	
General gynecology	
General dentistry	
Adult/Child psychiatry	
Maternal care (labor, birthing, prenatal, postpartum)	

Q9: Estimate the number of hours per week you practice in non-clinical areas (e.g. administrative, charting, faculty/preceptor, research, training, volunteer, etc.)

Q10: Estimate the number of hours per week you practice in a specialty area (e.g. hospitalist, urgent care, infertility, sleep medicine, neuropsychiatry, forensics, addiction/substance, eating disorder, periodontics, orthodontics, endodontics, oral/maxillofacial, prosthodontics, cosmetic, etc.) or outside of your primary maternal care specialty.

Q11: What is the total number of dental auxiliaries that work with the dentist?

Assistants	
Hygienists	

Q12: Are you currently a participant/recipient of any of the following federal/state programs (check all that apply)?

Program	Yes	No
National Health Service Corps	<input type="checkbox"/>	<input type="checkbox"/>
Washington Health Corps (BHP/FHP/SHP)	<input type="checkbox"/>	<input type="checkbox"/>
J-1 visa holder	<input type="checkbox"/>	<input type="checkbox"/>
H-1B visa holder	<input type="checkbox"/>	<input type="checkbox"/>

Q13: Are you currently employed as a/an (check all that applies):

Provider Type	Yes	No
Federal employee?	<input type="checkbox"/>	<input type="checkbox"/>
Fellow?	<input type="checkbox"/>	<input type="checkbox"/>
Intern?	<input type="checkbox"/>	<input type="checkbox"/>
Locum Tenens?	<input type="checkbox"/>	<input type="checkbox"/>
Resident (in training)?	<input type="checkbox"/>	<input type="checkbox"/>

Q14: What is the estimated percentage of your patient population who are?

Patient population	Percentage
Homeless	<input type="text"/>
Medicaid (Apple Health)	<input type="text"/>
Migrant farmworker	<input type="text"/>
Migrant seasonal farmworker	<input type="text"/>
American Indian/Alaska Native	<input type="text"/>
Sliding fee (discount) schedule	<input type="text"/>

Q15: Do you work at a:

	Yes	No
State/Federal Corrections Facility	<input type="checkbox"/>	<input type="checkbox"/>
State Mental Health Hospital	<input type="checkbox"/>	<input type="checkbox"/>

Q16: Is your practice accepting any?

	Yes	No
New patients	<input type="checkbox"/>	<input type="checkbox"/>
New Medicaid patients	<input type="checkbox"/>	<input type="checkbox"/>

Q17: This survey was completed by.

First name:	
Middle name:	
Last name:	

Q18: Please provide any additional comments you would like to share with us.

[Print](#)

Please return survey to:

Washington State Department of Health
Office of Community Health Systems
Attn: HPSA Provider Survey
P.O. Box 47853 Olympia, WA 98504-7853

Or

Email: hpsa@doh.wa.gov
Fax: (360) 236-2830
Attn: HPSA Provider Survey