# Primary Care Provider Survey

To complete this survey online: [https://fortress.wa.gov/doh/opinion/s?s=HPSA_PrimaryCare](https://fortress.wa.gov/doh/opinion/s?s=HPSA_PrimaryCare)

## Primary Care Provider Survey

1. Last Name, Suffix (e.g. Sr., Jr.)
2. First Name
3. Middle Name

4. Credentials:  
   - □ M.D. (Doctor of Medicine)
   - □ D.O. (Doctor of Osteopathy)

5. Practice Name*  
6. Phone Number

7a. Practice Street Address  
8a. City  
9a. Zip Code  
10a. County

7b. Practice Mailing Address  
8b. City  
9b. Zip Code  
10b. County

*Please complete a survey for each practice (in this same county) where the provider delivers primary care.

## 11. Primary Care Type:  
(General OB/GYN counts as primary care)

- □ Family Medicine
- □ General Medicine
- □ General Internal Medicine
- □ General OB/GYN
- □ General Geriatrics
- □ General Pediatrics
- □ Other: ____________________________

## 12. Provider Program or Status:  
(Mark any that apply)

- □ National Health Services Corp
- □ State Loan Repayment/Program/Scholarship
- □ J-1 Visa Holder
- □ H-1B Visa Holder
- □ Federal Employee (e.g. IHS/PHS)
- □ Resident or Intern
- □ Hospitalist: _______% of practice
- □ Faculty/Instructor
- □ Locum Tenens
- □ Restricted License
- □ Other: ____________________________

## 13. Within the next year, the provider plans to:

- □ Retire
- □ Move out of state
- □ Decrease hours
- □ Increase hours
- □ Move to different practice
- □ None of the above
- □ Other: ____________________________

## 14. Does the provider have hospital admitting privileges?

- □ No
- □ Yes

## 15. Please list the best estimate of weekly hours this provider spends on each of the following:  
(Please list whole numbers)

- Primary Care: ________ hours/week
  (Includes direct clinical outpatient primary care, hospital rounds for your primary care patients, general OB/GYN and deliveries)

- Specialty Care: ________ hours/week
  (Includes any specialty care, hospitalist hours, urgent care, walk-ins, emergency medicine)

- Non-Clinical Duties: ________ hours/week
  (Clinic administration, continuing education, lecturing, meetings, etc.)
16. On average, how many days does it take to schedule a routine, non-urgent appointment?

<table>
<thead>
<tr>
<th>Established patients:</th>
<th>New patients:</th>
</tr>
</thead>
<tbody>
<tr>
<td>day(s)</td>
<td>day(s)</td>
</tr>
</tbody>
</table>

17. On average, what is the usual wait time (in minutes) between the appointment time and the actual time that the physician sees the patient?

<table>
<thead>
<tr>
<th>Established patients:</th>
<th>New patients:</th>
</tr>
</thead>
<tbody>
<tr>
<td>minute(s)</td>
<td>minute(s)</td>
</tr>
</tbody>
</table>

18. Does the provider’s practice offer language interpretation for patients?

- [ ] No
- [ ] Yes – Language(s):

19. Does the physician serve the following patients? If yes, provide percentage of patient population.

- Migrant farm workers:
  - [ ] No
  - [ ] Yes: ______% (best estimate)

- Homeless persons:
  - [ ] No
  - [ ] Yes: ______% (best estimate)

- Apple Health (Medicaid):
  - [ ] No
  - [ ] Yes: ______% (best estimate)

- Sliding Fee Scale:
  - [ ] No
  - [ ] Yes: ______% (best estimate)

A Sliding Fee Scale is a formal discount policy based on income or ability to pay that is visibly posted and available to all patients. Does the provider’s Sliding Fee Scale meet all of these criteria?

- [ ] No
- [ ] Yes
- [ ] N/A

20. Is the provider accepting:

- Any new patients?
  - [ ] No
  - [ ] Yes

- Any new Apple Health (Medicaid) patients?
  - [ ] No
  - [ ] Yes

- Any new Sliding Fee Scale patients?
  - [ ] No
  - [ ] Yes

Comments:

Survey completed by:

Name: ___________________________ Title: ___________________________
Phone: ___________________________ E-mail: ___________________________

Questions: Hannah Leingang (360) 236-2832; Return to: DOH, CHS, P.O. Box 47853, Olympia, WA 98504-7853, or fax (360) 236-2830