

GUIDE: Primary Care Provider Survey

To complete this Survey online: <http://www.doh.wa.gov/hsga/ocrh>

Thank you for participating in this Primary Care Provider Survey. Your information will help us understand the healthcare needs in your area. We will use the results to determine if your service area qualifies for designation as a Health Professional Shortage Area (HPSA). The HPSA designation will help eligible providers qualify for over 30 federal programs.

Information collected will also be used by the Department of Health and your local health department to study other primary care access concerns. Results from any studies will be presented in aggregate form and will not identify individual providers. This guide will provide explanation to the questions on the survey.

Section I - PROVIDER INFORMATION

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| 1.-5. | Please provide the complete, full name of the primary care provider, including the year of birth . Select the provider's gender . |
| 6. | Check the appropriate provider credentials : <ul style="list-style-type: none"> ▪ M. D.= Doctor of Medicine ▪ D.O.= Doctor of Osteopathy ▪ P.A.-C.= Physician Assistant Certified ▪ A.R.N.P. = Advanced Registered Nurse Practitioner—but not C.N.M. ▪ C.N.M. = Certified Nurse Midwife; A.R.N.P. ▪ L.N. = Licensed Midwife (for purposes of this survey LNs are consider primary care providers.) |
| 7.-12. | A) List the primary practice site name for this provider. Include the complete street address, city, zip code, county , as well as the site's phone number .

B) If this provider has a secondary practice site include the clinic/practice name, street address, phone number and county. Additional information about the secondary practice should only be completed if known (Questions 19-30).

If provider works in more than two primary care practice sites within the same county an additional survey may need to be completed. |
| 13. | Select the provider's main specialty . Primary care specialties are considered to be: <ul style="list-style-type: none"> ▪ <u>Family Practice or General Practice</u> (exclude urgent care clinics and emergency medicine) ▪ <u>General Obstetricians/Gynecology</u> (exclude high risk or infertility) ▪ <u>General Pediatrics</u> (exclude pediatric specialty care) ▪ <u>General Internal Medicine</u> (exclude specialty care – cardiologists, nephrology, etc.) ▪ <u>General Geriatrics</u> (exclude specialty care – cardiology, nephrology, etc.) <p>If "Other" please specify the specialty that is not listed above.</p> |
| 14. | Identify if the provider offers pre-natal care to primary care patients and, if the provider attends births , how many in a recent year. |
| 15. | a. Mark if the provider is a US citizen . If no, then answer 15b.
b. For non-citizens identify what the provider's current visa status is. |
| 16. | Mark the program or status that the provider has. If none of the listed applies please indicate "None". |
| 17. | If the provider intends to leave practice within the next six months , please explain the reason(s). |
| 18. | If the provider has hospital admittance privileges at area hospitals list the hospital names. |

Section II - PRACTICE INFORMATION

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| 19. | List the best estimate of weekly hours (in whole numbers) that the provider spends at each practice site for the following: <ul style="list-style-type: none"> ▪ <u>Primary Care</u>: includes all time spent on direct clinical patient care; hospital rounds for this provider's primary care patients. <u>Exclude</u> specialty care and non-clinical activities. ▪ <u>Specialty Care</u>: includes high risk/surgical, allergy, cardiology, fertility, etc.; hospitalist hours, urgent and emergency medicine; juvenile or adult correctional facility; etc. ▪ <u>Non-clinical</u>: Clinic administration; continuing education, lecturing, hospital meetings, etc. |
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20.	Provide a best estimate average number of primary care patients seen in a typical week by this provider at this practice site. Please list for the secondary practice site if known.
21.	Please indicate whether additional languages besides English are spoken at the practice site(s). List the non-English languages that are spoken at the practice.
22.	Please indicate if there are interpretative services offered at the practice site and how they are offered. This may include non-English spoken and written translation, sign language, etc.
23.	Identify what percentage of the provider's primary care patients are: a) Transitory agricultural migrant farm workers: defined as not having a permanent local address in the same area as the Practice. Include their dependents in the average number. b) Homeless persons: defined as those living in unstable, nonpermanent locations, such as in shelters, transitional housing, in tents, in cars or on the streets. Include their dependents in the average number.

Section III - PAYER INFORMATION

24. – 30.	<p>For each of the payer type listed provide the best percentage estimate. In determining the percentage estimate please consider how much of the identified payee type accounts for the business.</p> <p>Also mark whether or not the provider is accepting new patients. If so, indicate if there are restrictions. This information will be used to identify need in your area.</p> <ul style="list-style-type: none"> ▪ 24. <u>Private Insurance</u>: Insurance through work or self-purchased; include Basic Health, military. ▪ 25. <u>Medicaid</u>: Federal and state administered payment for low income persons; include Fee for Service and Healthy Options. ▪ 26. <u>Medicare</u>: Federally administered payment for senior citizens and some disabled persons under age 65; include Fee for Service and Managed Care. ▪ 27. <u>Self Pay Patients</u>: No insurance; patient pays full fees. ▪ 28. <u>Sliding Fee Schedule</u>: No insurance or subsidies; fees discounted according to income level; charity. 28a. Identify whether or not the SFS is visibly posted and available to all patients. ▪ 29. <u>L&I</u>: Indicates payments arranged through the WA Department of Labor and Industries ▪ 30. <u>Other</u>: please describe payee type not already listed. <p>*For purposes of this survey and HPSA the Payer descriptions are prescriptive and may not reflect the provider's actual distribution. Please provide estimates if necessary.</p> <p>*The sum of percentages for questions 24. through 30. should add up to 100%.</p>
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Section IV - ADDITIONAL INFORMATION

	<p>Comments: Share any questions or concerns you, the provider or staff, may have about access to primary care and the status of the practice. Please list information that may help us understand the needs in your area. Please feel free to attach additional documentation. These comments may be shared with your county health department.</p>
	<p>Please provide contact information should our office have any questions regarding information on this survey.</p>

Return completed surveys to: DOH; CHS; Attn Phi Ly, P.O. Box 47853, Olympia, WA 98504-7853, or fax (360) 236-2830

Survey Questions
Rural Health Research and Analysis

Health Professional Shortage Area (HPSA);
Medically Underserved Areas

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