Washington State Department of Health

Health Systems Quality Assurance, Office of Community Health Systems

Primary Care Provider Survey

To complete this survey online: https://fortress.wa.gov/doh/opinio/s?s=HPSA_PrimaryCare

PRIMARY CARE PROVIDER SURVEY

1. Last Name, Suffix (e.g. Sr., Jr.)	2. First Name	3. Middle Name	4. Birth Year

5. Credentials:
☐ M.D. (Doctor of Medicine) ☐ D.O. (Doctor of Osteopathy)
☐ P.A. (Physician's Assistant) ☐ ARNP (Advanced Registered Nurse Practitioner)

6. Practice Name _____ 7. Phone Number (_____)_____

8. Practice Street Address	9. City	10. ZIP Code	11. County

12. Practice Mailing Address (if different)	13. City	14. ZIP Code	15. County

16. Primary Care Type: (HPSA guidelines include OB/GYN in primary care)
☐ Family Medicine
☐ General Medicine
☐ General Internal Medicine
☐ General OB/GYN
☐ General Geriatrics
☐ General Pediatrics
☐ Other/Specialty services: _____

17. Provider Program or Status: (Mark any that apply)
☐ National Health Service Corps
☐ State Loan Repayment/Scholarship
☐ J-1 Visa Holder
☐ H-1B Visa Holder
☐ Federal Employee (e.g. IHS,PHS)
☐ Resident or Intern
☐ Hospitalist: _____ % of practice
☐ Faculty/Instructor/Research
☐ Locum Tenens
☐ Other: _____

18. Within the next six months does the provider plan to:
☐ Retire ☐ Move out of state ☐ Decrease hours ☐ Increase hours
☐ Move to different practice ☐ Unknown
☐ Other: _____

19. Does the provider have hospital admitting privileges?
☐ No ☐ Yes

20. Please estimate the number of weekly hours this provider spends on each of the following: (Please use whole numbers)
Primary Care: _____ hours/week
(Direct clinical *outpatient* primary care, hospital rounds for your primary care patients, general OB/GYN and deliveries, volunteer work, etc.)
Specialty Care: _____ hours/week
(Includes any type of specialty care, high-risk surgical procedures, hospitalist hours, urgent care, walk- ins, emergency medicine, etc.)
Non-Clinical Duties: _____ hours/week
(Clinic administration, continuing education, teaching, research, meetings, etc.)

21. In a typical workweek, please estimate the number of patients seen by this provider for primary care services.
Average number of patients: _____

22 Please estimate the number of days it takes to schedule a routine, non-urgent appointment.

Established patients day(s)	New patients day(s)
☐ < 5 days	☐ < 5 days
☐ 5 to 10 days	☐ 5 to 10 days
☐ 11 to 20 days	☐ 11 to 20 days
☐ 21 to 30 days	☐ 21 to 30 days
☐ > 30 days	☐ > 30 days

23. On average, if the patient arrives on time for their appointment how many minutes does it typically take to see the provider?	Established patients minute(s) ☐ < 5 minutes ☐ 5 to 10 minutes ☐ 11 to 20 minutes ☐ 21 to 30 minutes ☐ > 30 minutes	New patients minute(s) ☐ < 5 minutes ☐ 5 to 10 minutes ☐ 11 to 20 minutes ☐ 21 to 30 minutes ☐ > 30 minutes
24. How are multilingual interpretative services provided? (check all that apply)	☐ Clinic employee ☐ Computer ☐ None ☐ Telephone ☐ Family or Friend ☐ Other: _____ ☐ Community services ☐ Unknown	
25. Does provider serve the following patients? If yes, please estimate the percent of the patient population.	Migrant farm workers: ☐ No ☐ Yes: _____ % (best estimate) Homeless people: ☐ No ☐ Yes: _____ % (best estimate) Apple Health (Medicaid): ☐ No ☐ Yes: _____ % (best estimate) Sliding Fee Scale: ☐ No ☐ Yes: _____ % (best estimate)	
	Is the Sliding Fee Scale posted and visible to all patients? ☐ No ☐ Yes ☐ Unsure	
26. 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	

Survey completed by:

Name: _____ Title: _____

Phone: _____ Email: _____

Questions: *Contact Randy Saylor at (360)236-2865 or Randall.Saylor@doh.wa.gov or Laura Olexa at (360)236-2811 or* Laura.Olexa@doh.wa.gov

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