# 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):

<table>
<thead>
<tr>
<th>Academic Educational Medicine</th>
<th>Administrative Medicine</th>
<th>Clinical/Patient Care Hours</th>
<th>Preventive Medicine &amp; Public Health</th>
<th>Research Medicine</th>
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Are greater than 50% of these hours spent in DC?
- Yes
- 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?
- AC - Academic Medicine
- ADM - Administrative Medicine
- AI - Allergy/Immunology
- AN - Anesthesiology
- DE - Dermatology
- EM - Emergency Medicine
- FM - Family Medicine
- GE - Geriatrics
- IM - Internal Medicine (General)
- IM - Internal Medicine (Specialized):
  - IN/CA Cardiology
  - IN/CC Critical Care
  - IN/EN Endocrinology
  - IN/GI Gastroenterology
  - IN/HEM Hematology
  - IN/ID Infectious Disease
  - IN/NEP Nephrology
  - IN/NEU Neurology
  - IN/ONC Oncology
  - IN/PC Palliative Care
  - IN/PCC Pulmonary Critical Care
  - IN/PUD Pulmonary Disease
  - IN/RH Rheumatology
- MG - Medicine Genetics
- NU - Nuclear Medicine
- OC - Occupational Health
- OB - Obstetrics & Gynecology
- OP - Ophthalmology
- OMT - Osteopathic Manipulative Treatment
- ENT - Otolaryngology
- PA - Pathology
- PED - Pediatrics (General)
- Pediatrics (Specialized):
  - PED/AD Adolescent Medicine
  - PED/CA Cardiology
  - PED/CC Critical Care
  - PED/EN Endocrinology
  - PED/GI Gastroenterology
  - PED/HEM Hematology
  - PED/ID Infectious Disease
  - PED/NPE Neonatology
  - PED/NEP Nephrology
  - PED/NEU Neurology
  - PED/ONC Oncology
  - PED/PC Palliative Care
  - PED/PCC Pulmonary Critical Care
  - PED/PUD Pulmonary Disease
  - PED/RH Rheumatology
- PMR - Physical Medicine & Rehabilitation
- PR - Preventive Medicine/Public Health
- PSY - Psychiatry
- RA - Radiology
- REM - Research Medicine
- SU/GE - Surgery (General)
- Surgery (Specialized):
  - SU/BD Burn/Trauma
  - SU/CS Cardiac Surgery
  - SU/CO Colon/Rectal Surgery
  - SU/NE Neurological Surgery
- Other: _____________________________
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?

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

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: ____________________ ______%
   
   Total: 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?
   o Yes
   o No
   o 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)?
   o It will increase patient access to care
   o It will improve the overall quality of healthcare delivered
   o It will provide more autonomy for physicians in their deliver of patient care
   o It will enhance the financial viability of my practice
   o Other: __________________________

17c. What is your overall opinion of the Patient Protection & Affordable Care Act?
   o It went too far
   o It did not go far enough
   o It will be ineffective toward reforming health care in the US
   o 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!