WWAMI RURAL HEALTH RESEARCH CENTER
UNIVERSITY OF WASHINGTON

Primary Care in Rural America

PHYSICIAN SURVEY

2011

WWAMI RURAL HEALTH RESEARCH CENTER

Thank you for contributing to this research study of rural providers. Please return this questionnaire in the enclosed postage-paid envelope even if you choose to only answer a few questions. Everyone's participation is important to ensure the accuracy of this study.

A. Specialty

1. Do you currently practice as a physician?
   - ◯ Yes ➔ Please continue answering the questions.
   - ◯ No ➔ Please **return the questionnaire in the enclosed envelope.** Thank you for your time.

2. What is your primary specialty? (select only one)
   - ◯ Family practice/general practice
   - ◯ Internal medicine
   - ◯ Pediatrics
   - ◯ Other (specify: _____)

3. Do you have a sub-specialty?
   - ◯ Yes (If yes, specify: _____)
   - ◯ No

4. Are you a hospitalist (i.e., is your principal focus hospital medicine)?
   - ◯ Yes
   - ◯ No

B. Practice Activities

1. Do you currently provide direct patient care in _____?
   - ◯ Yes
   - ◯ No (If no, go to Section D)

2. Do you directly provide ambulatory care in your work? (Ambulatory care is medical care delivered on an outpatient basis.)
   - ◯ Yes
   - ◯ No (If no, go to Section D)

3. In a typical year, how many weeks do you NOT see ambulatory patients (e.g., weeks of conferences, vacations, etc.)? _____ # weeks

This survey is primarily concerned with the AMBULATORY patients you see in your office(s).

4. Please provide the following location information for the different office locations where **you see ambulatory patients**.

	OFFICE LOCATION 1	OFFICE LOCATION 2
ZIP code of office where you see ambulatory patients	__ __ __ __ __(ZIP)	__ __ __ __ __(ZIP) ◯ No second location (go to Q. B6)
	If you do not know the ZIP code, what is the nearest town? _____ (TOWN)	If you do not know the ZIP code, what is the nearest town? _____ (TOWN)

5. Do you see ambulatory patients at more than 2 locations?
   - ◯ Yes (If yes, how many total locations? _____# locations)
   - ◯ No

The following questions are about your last normal week of practice:

	OFFICE LOCATION 1 (If no second office location, answer questions for this office only.)	OFFICE LOCATION 2 (If you see ambulatory patients at a second location.)
6. During your last normal week of practice, how many hours of direct patient care did you provide at each of the locations where you provide ambulatory care? (Note: Direct patient care includes seeing patients, reviewing tests, preparing for and performing minor surgery/ procedures, and providing other related patient care services.)	_____ hrs per week	_____ hrs per week
7. During your last normal week of practice, approximately how many office visits did you have at each office location? (Note: If you are in a group practice, only include the visits that you personally provided.)	_____ # of visits	_____ # of visits
8. During your last normal week of practice, approximately how many of the following types of patient visits did you have?	Prenatal care: _____ # of visits Well-child: _____ # of visits Minor procedures: _____ # of visits	Prenatal care: _____ # of visits Well-child: _____ # of visits Minor procedures: _____ # of visits
9. During your last normal week of practice, for how many visits did you provide on-site supervision of direct patient care to the following provider types (e.g., as a preceptor or as another legally required supervisor)?	Nurse practitioners: _____ # of visits ◯ N/A. I don't supervise NPs Physician assistants: _____ # of visits ◯ N/A. I don't supervise PAs Students/residents: _____ # of visits ◯ N/A. I don't supervise students/residents	Nurse practitioners: _____ # of visits ◯ N/A. I don't supervise NPs Physician assistants: _____ # of visits ◯ N/A. I don't supervise PAs Students/residents: _____ # of visits ◯ N/A. I don't supervise students/residents

The following questions are about the characteristics of your practice(s) by location:

	OFFICE LOCATION 1 (If no second office location, answer questions for this office only.)	OFFICE LOCATION 2 (If you see ambulatory patients at a second location.)
10. Is this a single or multi-specialty practice?	◯ Single specialty ◯ Multi-specialty	◯ Single specialty ◯ Multi-specialty
11. How many of the following provider types are associated with this practice? (If none, enter "0")	Physician(s) (in addition to you) _____ # in practice Nurse practitioner(s) _____ # in practice Physician assistant(s) _____ # in practice Midwives _____ # in practice	Physician(s) (in addition to you) _____ # in practice Nurse practitioner(s) _____ # in practice Physician assistant(s) _____ # in practice Midwives _____ # in practice
12. Which ONE of the following best describes this practice setting?	◯ Community Health Center (CHC) (federally qualified) ◯ Rural Health Clinic (RHC) (federally designated) ◯ Private practice (not RHC) ◯ Public health department ◯ Veterans Administration facility ◯ Indian Health Service or tribal facility ◯ Other office or clinic (not listed above)	◯ Community Health Center (CHC) (federally qualified) ◯ Rural Health Clinic (RHC) (federally designated) ◯ Private practice (not RHC) ◯ Public health department ◯ Veterans Administration facility ◯ Indian Health Service or tribal facility ◯ Other office or clinic (not listed above)

NEXT PAGE ➔

The following questions are about your practice in general:

13. Do you see patients in the office during the evening or on weekends?
    - ◯ Yes
    - ◯ No

14. During your last normal week of practice, about how many encounters of the following type did you have with patients?

	# per week. If none, enter "0"	Not applicable. I don't see patients in this setting or have contact with patients in this way
Nursing home visits	__ __ __	◯ N/A
Home visits	__ __ __	◯ N/A
Hospital visits	__ __ __	◯ N/A
Emergency room/dept visits	__ __ __	◯ N/A
Urgent care facility visits	__ __ __	◯ N/A
After hours telephone consults	__ __ __	◯ N/A
Internet/e-mail consults	__ __ __	◯ N/A

15. Do you currently attend deliveries?
    - ◯ Yes (If yes, go to 15a)
    - ◯ No (If no, go to B16)

    15a. In the last full year of practice, how many deliveries did you attend?
    - ◯ 30 or fewer
    - ◯ 31 or more
    - ◯ Don't know

16. Do you take any call?
    - ◯ Yes (If yes, go to B16a)
    - ◯ No (If no, go to B17)

    16a. How much on-call time did you take in the past month? (If none last month, enter "0")

    ____ # M-F evenings/nights on-call
    ____ # M-F days on-call
    ____ # of weekend days (24hrs) on-call

17. Do any hospitals in your community use hospitalists for inpatient care?
    - ◯ Yes
    - ◯ No
    - ◯ Don't know

C. Patient Characteristics

1. What is your best estimate of the percentage of the patients in your ambulatory care practice who currently have coverage by Medicare or by Medicaid?

Percent of patients covered by:	None	Less than 10%	10-25%	26-50%	More than 50%	Don't know
Medicare	◯	◯	◯	◯	◯	◯
Medicaid	◯	◯	◯	◯	◯	◯

D. Background

1. What kind of medical degree do you hold?
    - ◯ MD
    - ◯ DO
    - ◯ Other

2. Please complete the following with information about your medical education.

Where and when did you attend:	Location – If in the U.S., insert two-letter state abbreviation		How much of your clinical training was in a rural location?	Year completed
Medical school?	U.S. state, or → __ __ (use two-letter state abbreviation)	◯ Canada, or ◯ A country other than the U.S. or Canada	◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	__ __ __ __
First residency?	U.S state __ __ (use two-letter state abbreviation)		◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	__ __ __ __
Most recent residency (If different from above)?	U.S. state, or → __ __ (use two-letter state abbreviation)	◯ Not applicable (skip to Q. D3)	◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	__ __ __ __

3. How many total years have you practiced as a physician (since residency)?
   _____ years

PLEASE TURN THE PAGE FOR FINAL QUESTIONS →

D. Background **(continued from page 7)**

4. How many years have you been in rural practice?
   _____ years ○ N/A. I have not practiced in a rural location
5. In what year were you born? 19__ __
6. What is your sex?
   ○ Male ○ Female

E. Practice Plans

1. Do you have plans to change the location of your practice or retire **within the next two years**?
   ○ No, I have no plans to relocate or retire
   ○ Yes, I plan to relocate within the same community
   ○ Yes, I plan to relocate to another community in this state
   ○ Yes, I plan to relocate to another state
   ○ Yes, I plan to retire
   ○ Don't know/not sure

END

THANK YOU for taking the time to complete this survey. Survey findings will be posted on our website: http://depts.washington.edu/uwrhrc. If you have any questions about this questionnaire or the survey, please contact Holly Andrilla at 877-731-0761 or RHRC@uw.edu.

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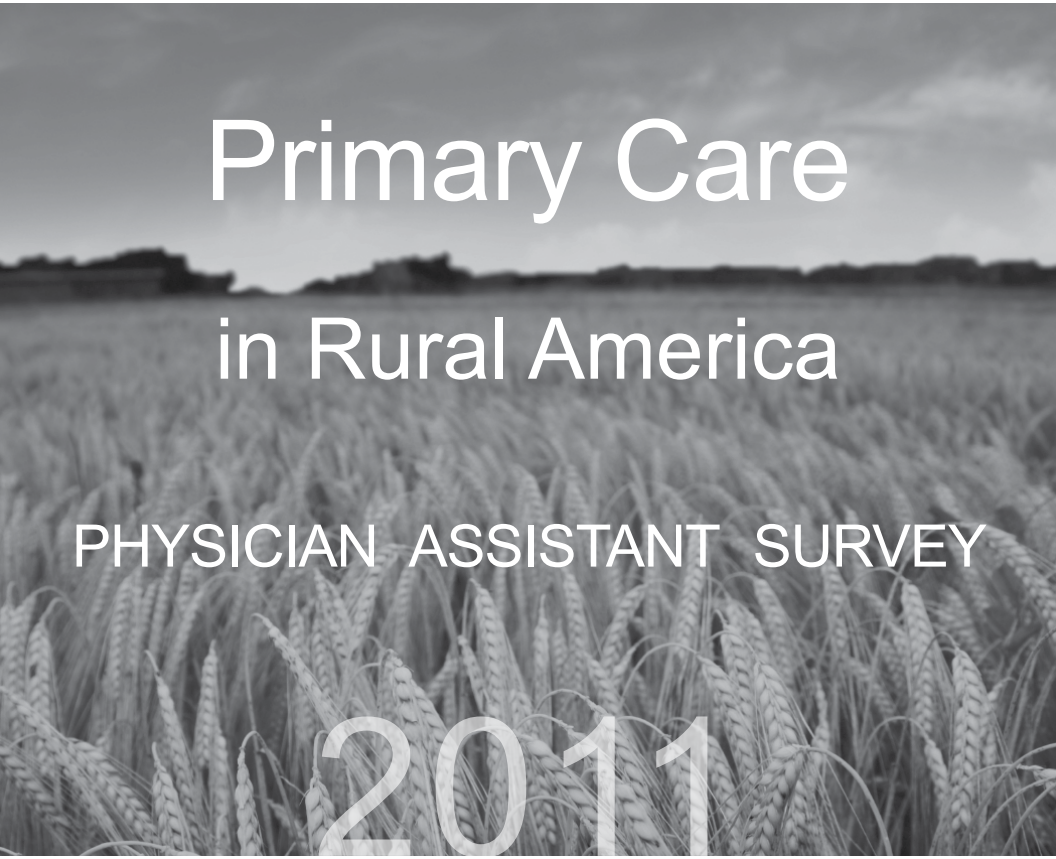

Primary Care

in Rural America

PHYSICIAN ASSISTANT SURVEY

2011

WWAMI RURAL HEALTH RESEARCH CENTER

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A. Specialty

1. Do you currently practice as a physician assistant (PA)?
   - ◯ Yes ➔ Please continue answering the questions.
   - ◯ No ➔ Please **return the questionnaire in the enclosed envelope.** Thank you for your time.

2. What is the primary specialty of your supervising physician? (select only one)
   - ◯ Family practice/general practice
   - ◯ Internal medicine
   - ◯ Pediatrics
   - ◯ Other (specify: _____)

3. Does your supervising physician have a sub-specialty?
   - ◯ Yes (If yes, specify: _____)
   - ◯ No

4. Is your principal focus hospital medicine?
   - ◯ Yes
   - ◯ No

B. Practice Activities

1. Do you currently provide direct patient care in _____?
   - ◯ Yes
   - ◯ No (If no, go to Section D)

2. Do you directly provide ambulatory care in your work? (Ambulatory care is medical care delivered on an outpatient basis.)
   - ◯ Yes
   - ◯ No (If no, go to Section D)

3. Which of the following best describes your typical supervisory arrangement?
   - ◯ My supervising physician is on-site when I practice
   - ◯ My supervising physician is off-site, but available by phone
   - ◯ My supervising physician is off-site, and only available at specific times

This survey is primarily concerned with the AMBULATORY patients you see in your office(s).

4. In a typical year, how many weeks do you NOT see ambulatory patients (e.g., weeks of conferences, vacations, etc.)? _____ # weeks

5. Please provide the following location information for the different office locations where **you see ambulatory patients.**

	OFFICE LOCATION 1	OFFICE LOCATION 2
ZIP code of office where you see ambulatory patients	__ __ __ __ __(ZIP)	__ __ __ __ __(ZIP) ◯ No second location (go to Q. B7)
	If you do not know the ZIP code, what is the nearest town? _____ (TOWN)	If you do not know the ZIP code, what is the nearest town? _____ (TOWN)

6. Do you see ambulatory patients at more than 2 locations?
   - ◯ Yes (If yes, how many total locations?_____# locations)
   - ◯ No

The following questions are about your last normal week of practice:

	OFFICE LOCATION 1 (If no second office location, answer questions for this office only.)	OFFICE LOCATION 2 (If you see ambulatory patients at a second location.)
7. During your last normal week of practice, how many hours of direct patient care did you provide at each of the locations where you provide ambulatory care? (Note: Direct patient care includes seeing patients, reviewing tests, preparing for and performing minor surgery/ procedures, and providing other related patient care services.)	_____ hrs per week	_____ hrs per week
8. During your last normal week of practice, approximately how many office visits did you have at each office location? (Note: If you are in a group practice, only include the visits that you personally provided.)	_____ # of visits	_____ # of visits
9. During your last normal week of practice, approximately how many of the following types of patient visits did you have?	Prenatal care: _____ # of visits Well-child: _____ # of visits Minor procedures: _____ # of visits	Prenatal care: _____ # of visits Well-child: _____ # of visits Minor procedures: _____ # of visits
10. During your last normal week of practice, for how many visits did you supervise students or residents?	Students: _____ # of visits ◯ N/A. I don't supervise students Residents: _____ # of visits ◯ N/A. I don't supervise residents	Students: _____ # of visits ◯ N/A. I don't supervise students Residents: _____ # of visits ◯ N/A. I don't supervise residents

The following questions are about the characteristics of your practice(s) by office:

	OFFICE LOCATION 1 (If no second office location, answer questions for this office only.)	OFFICE LOCATION 2 (If you see ambulatory patients at a second location.)
11. Is this a single or multi-specialty practice?	◯ Single specialty ◯ Multi-specialty	◯ Single specialty ◯ Multi-specialty
12. How many of the following provider types are associated with this practice? (If none, enter "0")	Physician(s) _____ # in practice Nurse practitioner(s) _____ # in practice Physician assistant(s) (in addition to you) _____ # in practice Midwives _____ # in practice	Physician(s) _____ # in practice Nurse practitioner(s) _____ # in practice Physician assistant(s) (in addition to you) _____ # in practice Midwives _____ # in practice
13. Which ONE of the following best describes this practice setting?	◯ Community Health Center (CHC) (federally qualified) ◯ Rural Health Clinic (RHC) (federally designated) ◯ Private practice (not RHC) ◯ Public health department ◯ Veterans Administration facility ◯ Indian Health Service or tribal facility ◯ Other office or clinic (not listed above)	◯ Community Health Center (CHC) (federally qualified) ◯ Rural Health Clinic (RHC) (federally designated) ◯ Private practice (not RHC) ◯ Public health department ◯ Veterans Administration facility ◯ Indian Health Service or tribal facility ◯ Other office or clinic (not listed above)

NEXT PAGE ➔

The following questions are about your practice in general:

14. Do you see patients in the office during the evening or on weekends?
    - ◯ Yes
    - ◯ No

15. During your last normal week of practice, about how many encounters of the following type did you have with patients?

	# per week. If none, enter "0"	Not applicable. I don't see patients in this setting or have contact with patients in this way
Nursing home visits	__ __ __	◯ N/A
Home visits	__ __ __	◯ N/A
Hospital visits	__ __ __	◯ N/A
Emergency room/dept visits	__ __ __	◯ N/A
Urgent care facility visits	__ __ __	◯ N/A
After hours telephone consults	__ __ __	◯ N/A
Internet/e-mail consults	__ __ __	◯ N/A

16. Do you currently attend deliveries?
    - ◯ Yes (If yes, go to B16a)
    - ◯ No (If no, go to B17)

    16a. In the last full year of practice, how many deliveries did you attend?
    - ◯ 30 or fewer
    - ◯ 31 or more
    - ◯ Don't know

17. Do you take any call?
    - ◯ Yes (If yes, go to B17a)
    - ◯ No (If no, go to B18)

    17a. How much on-call time did you take in the last month? (If none last month, enter "0")

    ____ # M-F evenings/nights on-call
    ____ # M-F days on-call
    ____ # of weekend days (24hrs) on-call

18. Do any hospitals in your community use hospitalists for inpatient care?
    - ◯ Yes
    - ◯ No
    - ◯ Don't know

C. Patient Characteristics

1. What is your best estimate of the percentage of the patients in your ambulatory care practice who currently have coverage by Medicare or by Medicaid?

Percent of patients covered by:	None	Less than 10%	10-25%	26-50%	More than 50%	Don't know
Medicare	◯	◯	◯	◯	◯	◯
Medicaid	◯	◯	◯	◯	◯	◯

D. Background

1. Please complete the following with information about your PA education.

Where did you complete your education to become a PA?	How much of your clinical training was in a rural location?	Year completed
◯ U.S. state __ __ (use two-letter state abbreviation) ◯ Canada ◯ A country other than the U.S. or Canada	◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	— — — —

2. How many total years have you practiced as a PA?

   _____ years

3. How many years have you been in rural practice?

   _____ years ◯ N/A. I have not practiced in a rural location

4. In what year were you born? 19__ __

5. What is your sex?

   ◯ Male ◯ Female

E. Practice Plans

1. Do you have plans to change the location of your practice or retire within the next two years?
   - ◯ No, I have no plans to relocate or retire
   - ◯ Yes, I plan to relocate within the same community
   - ◯ Yes, I plan to relocate to another community in this state
   - ◯ Yes, I plan to relocate to another state
   - ◯ Yes, I plan to retire
   - ◯ Don't know/not sure

End of Survey

THANK YOU for taking the time to com plete this survey. Survey findings will be posted on our website: http://depts.washington.edu/uwrhrc. If you have any questions about this questionnaire or the survey, please contact Holly Andrilla at 877-731-0761 or RHRC@uw.edu.

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Primary Care

in Rural America

NURSE PRACTITIONER SURVEY

2011

WWAMI RURAL HEALTH RESEARCH CENTER

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A. Specialty

1. Do you currently practice as a nurse practitioner (NP)?
   - ◯ Yes ➔ Please continue answering the questions.
   - ◯ No ➔ Please **return the questionnaire in the enclosed envelope.** Thank you for your time.

2. What specialty most closely corresponds to your NP practice position? (select only one)
   - ◯ Adult health
   - ◯ Family health
   - ◯ Pediatrics
   - ◯ Women's health
   - ◯ Geriatrics
   - ◯ Acute care
   - ◯ Other (specify: _____)

3. If you work with a collaborating or supervising physician, what is his/her primary specialty?
   - ◯ Family practice/general practice
   - ◯ Internal medicine
   - ◯ Pediatrics
   - ◯ Other (specify: _____)
   - ◯ Not applicable. I do not work with a collaborating or supervising physician

4. Is your principal focus hospital-based care?
   - ◯ Yes
   - ◯ No

B. Practice Activities

1. Do you currently provide direct patient care in _____?
   - ◯ Yes
   - ◯ No (If no, go to Section D)

2. Do you directly provide ambulatory care in your work? (Ambulatory care is medical care delivered on an outpatient basis.)
   - ◯ Yes
   - ◯ No (If no, go to Section D)

3. Which of the following best describes your collaborative/supervisory arrangement?
   - ◯ I do not work with a collaborating or supervising physician (not a requirement in my state)
   - ◯ My collaborating/supervising physician is on-site when I practice
   - ◯ My collaborating/supervising physician is off-site, but available by phone
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Urgent care facility visits	__ __ __	◯ N/A
After hours telephone consults	__ __ __	◯ N/A
Internet/e-mail consults	__ __ __	◯ N/A

16. Do you take any call?
    - ◯ Yes (If yes, go to B16a)
    - ◯ No (If no, go to B17)

    16a. How much on-call time did you take in the last month? (If none last month enter "0")

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1. What is your best estimate of the percentage of the patients in your ambulatory care practice who currently have coverage by Medicare or by Medicaid?

Percent of patients covered by:	None	Less than 10%	10-25%	26-50%	More than 50%	Don't know
Medicare	◯	◯	◯	◯	◯	◯
Medicaid	◯	◯	◯	◯	◯	◯

D. Background

1. Please complete the following with information about your NP education.

Where and when did you complete your education:	Location - If in the U.S., insert two-letter state abbreviation	How much of your clinical training was in a rural location?	Year completed
To become an RN?	◯ U.S. state __ __ (use two-letter state abbreviation) ◯ Canada ◯ A country other than the U.S. or Canada	◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	__ __ __ __
To become an NP?	U.S state __ __ (use two-letter state abbreviation)	◯ None ◯ Less than half was in rural sites ◯ Half or more was in rural sites	__ __ __ __

2. How many total years have you practiced as an NP?
   _____ years

3. How many years have you been in rural practice?
   _____ years ◯ N/A. I have not practiced in a rural location

4. In what year were you born? 19__ __

5. What is your sex?
   ◯ Male ◯ Female

E. Practice Plans

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   - ◯ Yes, I plan to retire
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