



Delaware's Pediatricians 2008

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**Center for Applied Demography &
Survey Research**

University of Delaware

**Delaware's Pediatricians
2008**

prepared for

**Delaware Department of Health and Social Services
Division of Public Health**

by

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“Pediatrician” j0409450.jpg <http://office.microsoft.com/en-us/clipart/default.aspx>

Accessed January 2009

ACKNOWLEDGEMENTS

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The author would also like to acknowledge the Delaware Division of Professional Regulation for providing the licensure data that served as the basis for the survey.

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OVERVIEW

In 1995, the Division of Public Health began an effort to measure the number and spatial distribution of primary care physicians practicing in Delaware. The objective was to identify medically underserved areas and to understand any existing or developing trends that could impact the supply of primary care services. This report presents the results of the 2008 study as they relate to pediatricians¹. This is the first time data is tabulated for pediatricians only.

Since the inception of the effort in 1995 subsequent surveys of physicians were conducted in 1995, 1997, 1998, 2001, 2006, and now in 2008. The method chosen to gather the information was a mail survey combined with telephone follow-up of non-respondents. Each time, the survey instrument was refined and shortened with the objective of reducing the burden on the responding physician and improving the quality and relevance of the data gathered. As responses were received, they would either replace information supplied by the physician at an earlier date or in the case of a first time respondent, the responses would extend the coverage of the database. At the same time, responses from physicians in prior years, who no longer had an active Delaware license as

determined from the state license file, were eliminated from the database. The resulting database, upon which this report is based, contains information gathered from 1995 through 2008 from physicians who currently hold a Delaware medical license and provide clinical medical services in Delaware.

Delaware currently has 4,283 physicians licensed to practice clinical medicine in Delaware. Of those, 2,271 have a Delaware address, but it does not mean they are active or that they have a Delaware practice. Similarly, physicians living in other states may have an active practice in Delaware. For the purposes of updating the database and producing this report, 2,422 physicians were contacted. This includes all physicians licensed in Delaware with an address in Delaware and physicians licensed in Delaware living within 60 miles of the state. Of those contacted, 1,051 responded to the survey and 978 provided usable data.

Based on the database that combines survey results from 2008 with the results over the previous five rounds of the survey, the number of physicians with an active practice in Delaware is estimated at approximately 2,255.

After weighting for non-respondents, the number of primary care physicians is estimated at 863. Out of these, 187 are estimated to be pediatricians.

¹ Full reporting for the year 2008 that includes all primary care physicians can be found in "Primary care Physicians in Delaware 2008"

Not all physicians or pediatricians practice full-time. Others practice full-time, but do not deliver direct patient care on a full-time basis. To give a more realistic view of the primary care physicians available, full time equivalents (FTE) were calculated. A physician who was engaged in delivering primary care directly to patients 40 or more hours per week was defined as a full-time primary care physician. Anything less than 40 hours was considered as less than full-time. For each four hours less than 40 hours, 0.1 FTE was deducted. Anything more than 40 hours was considered only as full-time.² In other words, a physician delivering 60 hours per week of primary care was still counted as one full-time equivalent physician.

Finally, it is important to note that the estimates provided here exclude the foreign doctors with J-1 visas who are permitted to practice primary care for three years.³ Doctors with J-1 visas were removed from the analysis based on a list received from the Division of Public Health. A J-1 Exchange Visitor visa allows international medical graduates (IMG) the opportunity to obtain residency training at an American medical training institution which agrees to sponsor him/her. The graduate must return to his/her home country for a

minimum of two years upon completing the residency program before he/she can apply for re-entry to the US. A J-1 visa waiver allows an IMG to remain in the US without having to return to his/her home country for the two-year period. In order to receive a J-1 visa waiver, an IMG must obtain employment to practice medicine full-time in a federally designated health professional shortage area or a medically underserved area. Physicians who obtain waivers are required to practice in these shortage areas for a minimum of three years. While these physicians have an impact on access to care, they cannot be counted since they are not required to remain in the area upon completing their three-year waiver requirement.

Overall, the number of FTE primary care physicians is estimated at 736, out of which 152 are considered pediatricians.

In the following section, different aspects of these 152 FTE physicians, who have responded and identified themselves as primarily pediatricians, will be summarized.

² Federal Register/Vol.45, No.223/ Monday, November 17, 1980, Part IV Department of Health and Human Services, 42 CFR Part 5, p.76002.

³ Federal Register/Vol.45, No.223/ Monday, November 17, 1980, Part IV Department of Health and Human Services, 42 CFR Part 5, p.76002.

RESULTS

Figure 1 presents the current number of primary care physicians and pediatricians in Delaware by county of practice. The number of physicians is provided along with estimates of full-time equivalents (FTE). Given Delaware's youth population (age 0-18) of 231,968⁴, there are about 1,526 children served by each full-time equivalent pediatrician in 2008. For the three counties, the estimates are 2,766 for Kent County, 1,200 for New Castle County, and 2,836 for Sussex County. Looking at these ratios, however, it is important to note that many physicians, who did not identify themselves as primarily pediatricians, do provide pediatric services (Figure 2). Across Delaware, 65% of non-pediatrician primary care physicians indicate that they do provide pediatric care services to their patients.

Demographics

Just over half (52%) of pediatricians in Delaware are female (Figure 3). The proportion of female pediatricians is higher in Kent and Sussex counties (57% and 58%) than in New Castle County (51%). About 78% of pediatricians in Delaware are Caucasian (Figure 4) with differences existing among counties. The highest proportion (92%) of Caucasian pediatricians is reported from Sussex County, while the highest

proportion of African American pediatricians is reported in Kent County (29%). The Hispanic population across Delaware is growing. Currently around 6% of Delaware's Population is Hispanic⁵. Overall in Delaware, around 4% of pediatricians report being of Hispanic origin (Figure 5). The highest proportion (7%) of Hispanic pediatricians is reported in Kent County, while no pediatrician from Sussex County reported being of Hispanic origin.

About a quarter of pediatricians in the state are under 40 years of age; 11% are age 65 and above (Figure 6). The proportion of the youngest (under 40) pediatrician is the lowest (18%) in Kent County and about the same in New Castle and Sussex counties (26% and 25%). The highest proportion (12%) of pediatricians 65 and above is reported from New Castle County. The highest proportion of older pediatricians is also reflected in the uncertainty of practicing five years in the future (Figure 7). New Castle County's pediatricians are most likely (11%) to indicate that they are unsure if they will be practicing in five years. However, it is Kent County's pediatricians who are most likely (13%) to indicate that they will definitely not be practicing five years in the future.

Source

The future supply is just as important as the current number of pediatricians. Around 68% of

⁴ Center For Applied Demography & Annual Population Projections, Delaware Population Consortium, version 2008.0, October 2008

⁵ U.S. Census Bureau, 2006 American Community Survey

Delaware's pediatricians come from the region (Figure 8) as measured by the state in which they resided at the time of their high school graduation. Notably, Kent County's pediatricians are most likely (46%) to indicate that they resided outside of the region compared to New Castle and Sussex counties (both 31%). Around 12% of Delaware's pediatricians come from Delaware (comparable to about 10% for all primary care physicians). Interestingly no pediatricians in Kent and Sussex counties indicated that they come from Delaware – this could be a result of a low number of pediatricians in those counties. Around 40% of pediatricians actively practicing in the state received their medical degree outside of the region (Figure 9). Kent County stands out with around 58% of that county's pediatricians having received their education outside of the region. In the region, as expected, Pennsylvania is the most frequently reported state in the region where Delaware's pediatricians received their training. Anecdotal evidence suggests that the location of medical residency has a large impact on the choice of practice location. For the state, 27% of Delaware's pediatricians completed their residency in Delaware (Figure 10). However, significant differences can be observed. Kent County's pediatricians are least likely (5%) to indicate that they completed their residency in Delaware, followed by Sussex County's pediatricians (10%). New Castle County's pediatricians are most likely (32%) to indicate having completed their medical residency in the state. These results replicate

the differences that exist among all primary care physicians (not pictured here).

Practice Characteristics

While the number of pediatricians, along with the Full Time Equivalent counts, provides a way to approximate the availability of pediatric care across Delaware's counties, this nominal availability needs to be further qualified. Overall for Delaware, 94% of pediatricians indicated that they accept new patients (Figure 11). However, significant differences exist among counties. Looking at new patients in general, almost 100% of pediatricians in New Castle and Sussex counties report accepting patients. The proportion of pediatricians accepting new patients in Kent County is only 65%. This finding further worsens the ratio of youth per population. The situation is even more pronounced for new Medicaid patients. Here, only Sussex County indicates 100% acceptance of new Medicaid patients, with New Castle falling behind at around 89% and Kent County being in the worse situation. There, only 57% of pediatricians indicated that they accept new Medicaid patients. However, virtually all pediatricians across the state (with a few exceptions in New Castle County) currently treat Medicaid patients (Figure 12). Overall, Delaware's pediatricians indicate spending around 7% of their time delivering care to Medicaid patients (Figure 13). Real availability of pediatric care is also influenced by the

average wait time. In aggregate, Delaware's pediatricians report the average wait time for new patients at 9 days and average wait time for established patients to be around 18 days (for routine non-emergency office visits) (Figure 14). Differences exist between counties. The wait time for new patients is the highest in Kent County (13 days) and the wait time for existing patients is highest in New Castle County (20 days). The use of non-physician resources can potentially increase the number of patients the office can see. Over the last 10 years that data is available⁶, Delaware's primary care physicians increased the use of non-physician resources – in 1998 about 60% of primary care physicians indicated not using any non-physician resources. Today, about 53% of primary care physicians indicate not using these resources. Delaware's pediatricians use non-physician resources with a higher frequency. Only about 42% of them indicate not using non-physician resources (Figure 15). However, this increased use of non-physician resources among pediatricians, means that significant jumps in the number of pediatric patients seen by individual offices should not be expected – pediatricians already use non-physician resources with a higher frequency than primary care physicians.

Access to health care services is influenced by the coverage patients carry and the insurance providers accept. Membership in managed care networks allows

pedsiatricians to extend their services to a wider range of patients. Virtually all of Delaware's pediatricians belong to at least one managed care network (Figure 16). Pediatricians most frequently report belonging to between 5 and 9 managed care networks (39%).

Health care providers across Delaware can participate up with the Delaware Health Information Network (DHIN), a system that facilitates the exchange of lab results between physicians, hospitals and labs with the goal of improving the delivery and access critical health information while ensuring better healthcare for patients. About 38% of Delaware's pediatricians are familiar with DHIN (Figure 17). The highest proportion of Pediatrician familiar with DHIN is in Kent County (55%). DHIN requires a use of computer at the provider's office. Different Types of computer uses are tabulated in Figure 18. Almost all of Delaware's Pediatricians use computers for billing and scheduling (97% for Delaware). New Castle County's pediatricians are most likely (55%) to indicate that they use computers for electronic patient records. Pediatricians in Kent and Sussex counties lag behind their counterparts in New Castle County; they report the use of computers for electronic patient records at 39% in Kent County and at 30% in Sussex County.

Respondents were asked to identify if their offices are compliant with the Americans with Disabilities Act (Figure 19). Across Delaware, 93% of

⁶ Primary Care Physicians in Delaware 2008

pediatricians indicated that their facility is ADA compliant (e.g. they have access ramps, doors wide enough for wheelchairs and exam tables that lower to accommodate persons in wheelchairs).

The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care⁷. Delaware's pediatricians were asked to identify their familiarity with and use of the concept of medical home in their practice (Figure 20). A cautionary note is in order here – this question was included in the survey for the first time, thus a certain level of care is needed in interpreting these results. Also, the number of observations reported here is low since pediatricians are a subset of all primary care physicians. Subsequent fielding of this question in the future will increase the level of confidence in these results. Looking at Delaware as a whole, around 13% of pediatricians indicated no knowledge of the concept, while around 29% of respondents regularly apply the concept in their practice. New Castle County's physicians are most likely (14%) to indicate no knowledge of the concept while at the same time they are least likely to regularly or sometimes apply the

concept in their practices (63% in New Castle County compared to 66% in Kent and 74% in Sussex counties).

Spatial Distribution

The federal government recognizes the importance of having an adequate number of physicians in areas smaller than states or even counties. In their program for medically underserved areas and populations (MUA/P), "rational areas for the delivery of primary medical care services" can be counties, parts of counties, and even neighborhoods within metropolitan areas with a strong identity and a population of 20,000⁸. While the MUA/MUP designation is not specific to pediatricians, however it is useful to utilize Census County Divisions (CCD) as rational areas of service. Census County Divisions are geographic areas designated by the U.S. Bureau of Census; they are sub areas of Counties.

In Figure 21, the ratio of pediatricians to the population 0-19 is displayed. Pediatricians are unevenly distributed across the state. Pediatricians reported back from 15 of the Census County Divisions (CCD), while

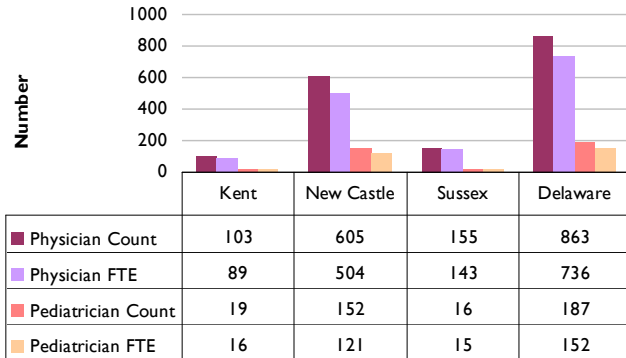
⁸ In the September 1, 1998 Federal Register DHHS proposed new regulations for medically underserved populations (MUP) and health professional shortage areas (HPSA), the Department of Health and Human Services generally recognizes a ratio of 3000:1 as sufficient for an area to be classified as a HPSA. To be classified as an MUP an index of primary care shortage (IPCS) is computed utilizing a number of factors: (1) population to primary care ratio, (2) percent below 200% of the poverty level, (3) infant mortality rate, (4) low birth weight rate, (5) percent of a racial minority, (6) percent of Hispanic ethnicity, (7) percent linguistically isolated, and (8) population density.

⁷ AAP National Center of Medical Home Initiatives for Children with Special Needs, <http://www.medicalhomeinfo.org/>, Accessed October 1st, 2008.

no pediatricians reported from 12 CCDs. There is an orientation toward hospitals - it seems that pediatricians tend to locate close to hospitals. While no generally accepted 0-19 population to pediatrician ratio exists, only six of the CCDs reported having fewer than 1,500 youth per pediatrician. Probably the most underserved areas with respect to this specialty are southern Kent and southern Sussex counties.

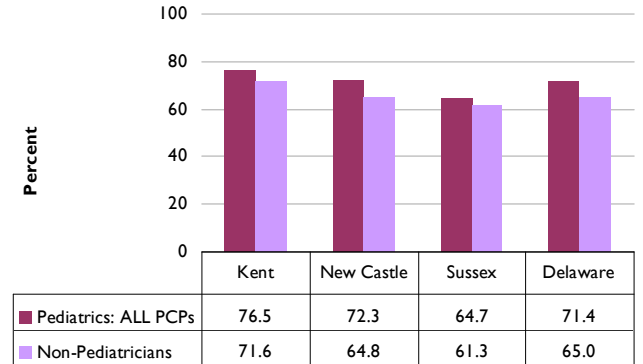
DATA TABLES

Figure 1
Primary Care Physicians and Pediatricians
by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 2
Providing Pediatric Services
by County



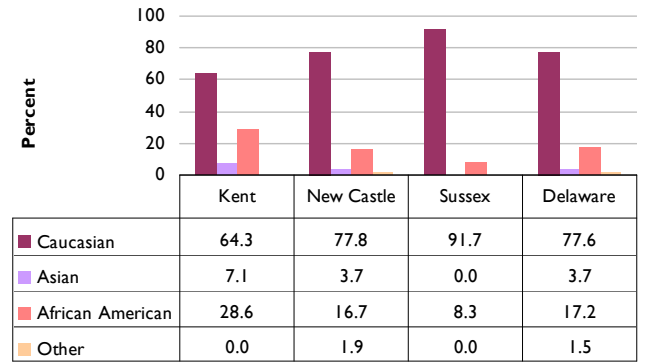
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 3
Gender of Pediatricians by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 4
Race of Pediatricians by County



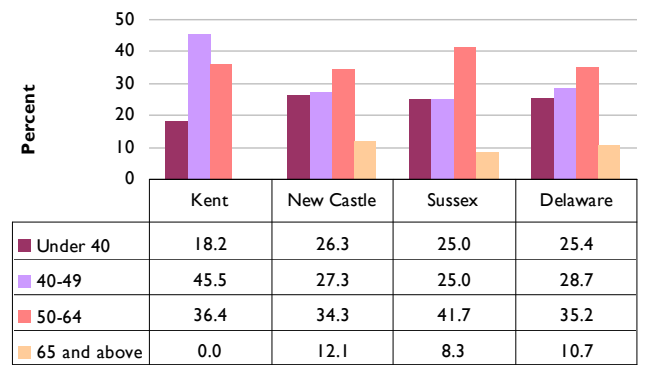
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 5
Hispanic Origin of Pediatricians by County



Source: Center for Applied Demography & Survey Research
University of Delaware

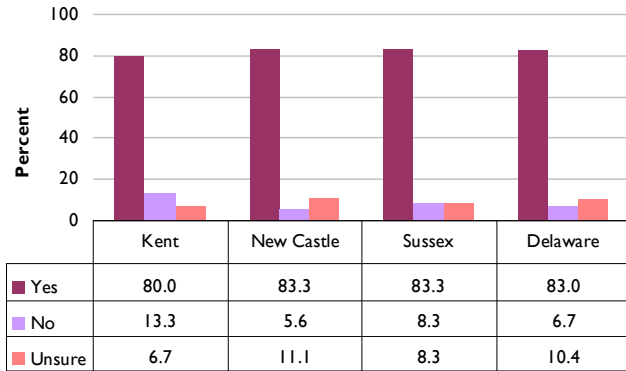
Figure 6
Age of Pediatricians by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 7

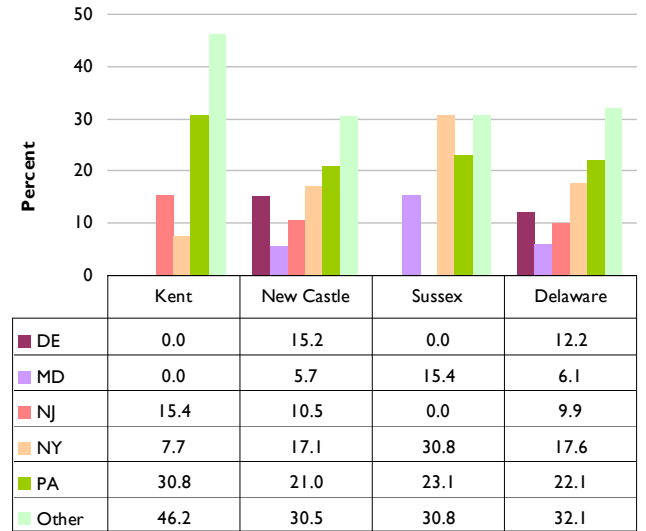
Active Five Years from Now by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 8

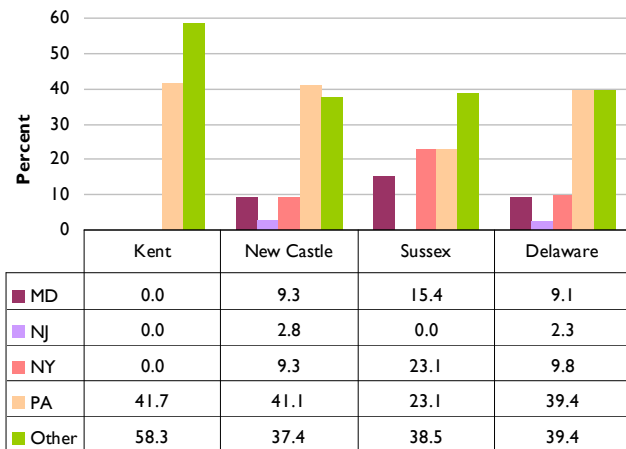
State of High School Graduation by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 9

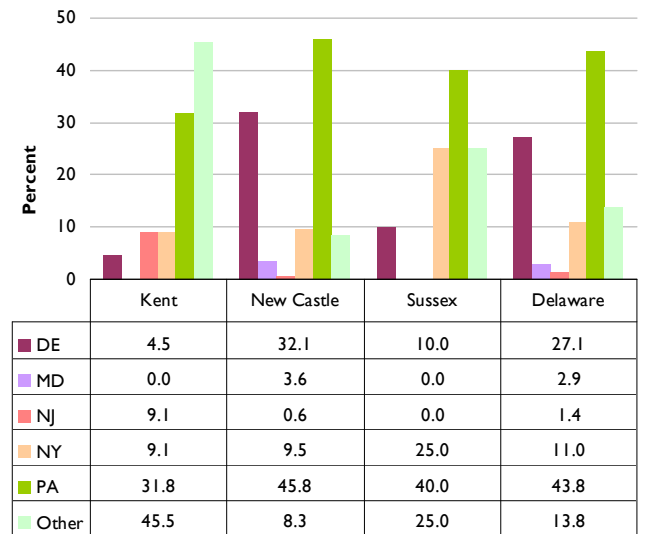
State of Medical School Graduation by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 10

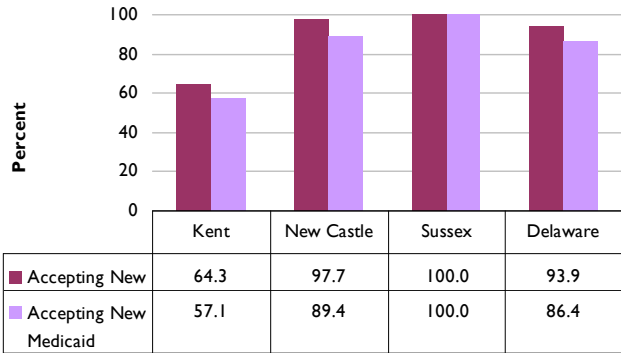
State of Medical Residency by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 11

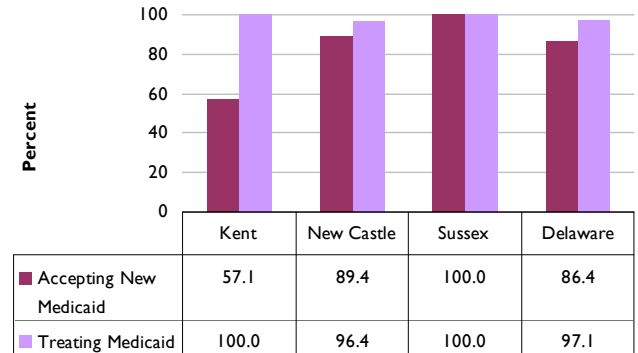
Accepting New Patients by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 12

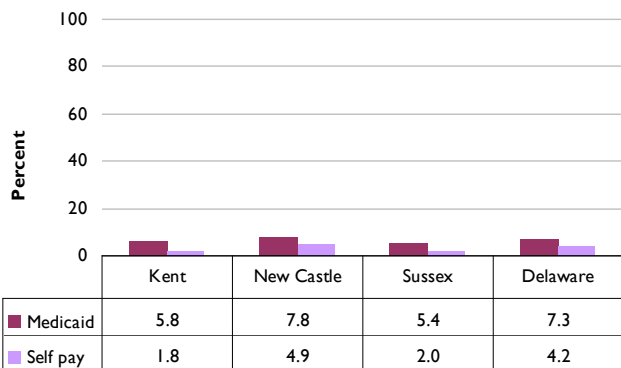
Accepting and Treating Medicaid Patients by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 13

Percent of Time Serving Selected Patients by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 14

Average Wait Times for Types of Patients by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 15

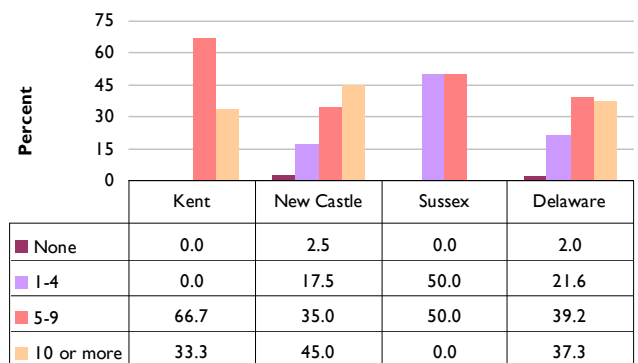
Use of Non-Physician Resources by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 16

Member of Managed Care Networks by County



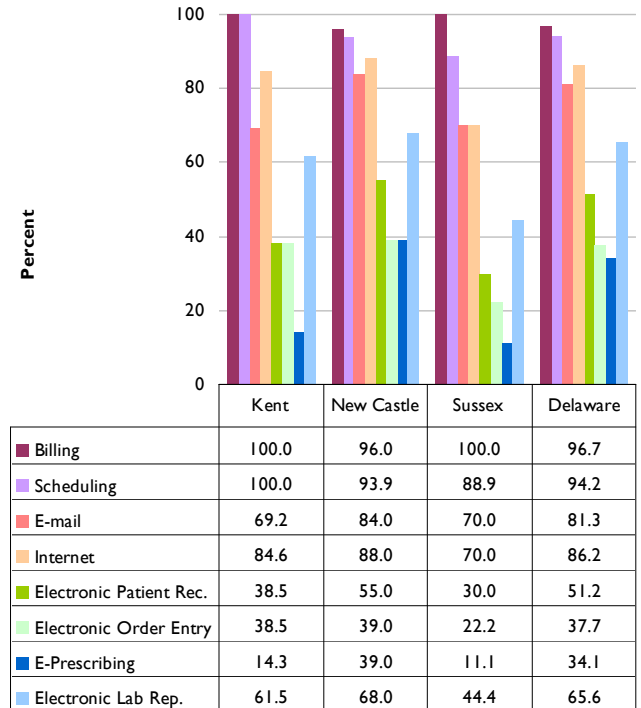
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 17
Awareness of the DHIN by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 18
Use of Computers by County



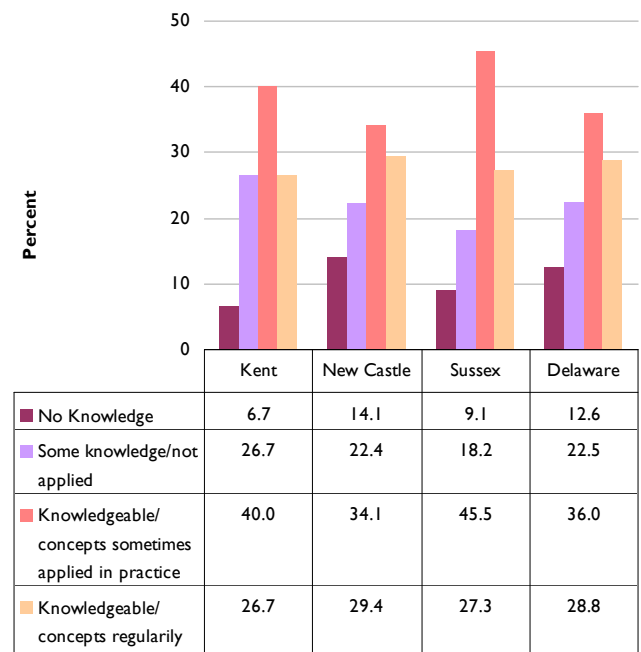
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 19
ADA Compliance of the Facility by County



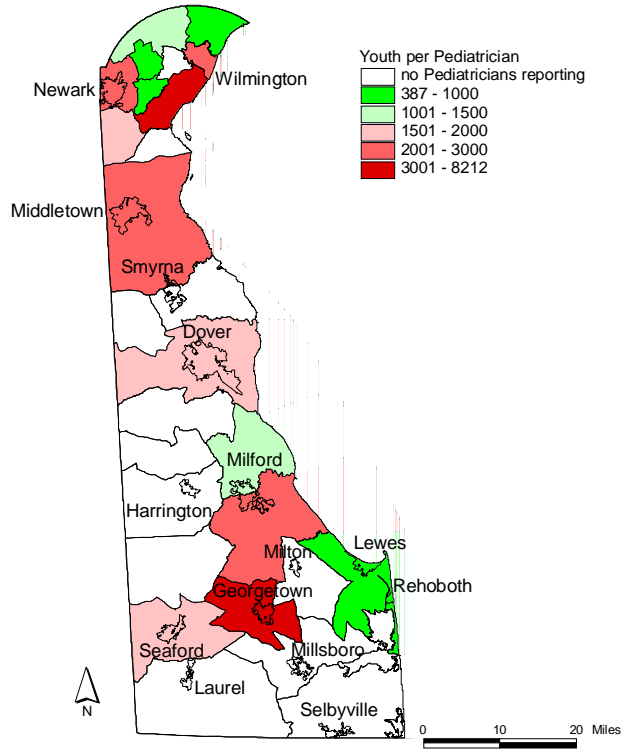
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 20
Familiarity with the Concept of Medical Home As Defined by AAP by County



Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 21
Number of Youth (0-19) per Pediatrician
by Census County Division



Source: Center for Applied Demography & Survey Research
 University of Delaware

APPENDIX



DELAWARE PHYSICIAN SURVEY 2008

Commissioned by Delaware Health and Social Services

(ID)

INSTRUCTIONS

- **Mail your completed form** in the attached prepaid envelope or mail it to:

University of Delaware
 CADSR - Graham Hall
 Newark, DE 19716

- Use either a pen or pencil when completing the questionnaire.
- Follow all "SKIP" instructions after answering a question. If no instructions are provided, continue to the next question.
- If you have any questions, contact the **Center for Applied Demography & Survey Research** at the **University of Delaware** by calling **302-831-3320**.

PURPOSE – Results from the survey will be used to help state and local governments along with employers and educational institutions to plan for an adequate supply of health professionals in the state.

SCOPE – All physicians licensed to practice in the State of Delaware. **Even if you do not practice in Delaware please complete the questionnaire.**

PARTICIPATION – Your participation is voluntary. However, your responses are important to ensure adequate health care for Delaware's residents.

If you would like to see a copy of the report based on the survey conducted in 2006, point your browser to:

<http://www.cadsr.udel.edu/DOWNLOADABLE/DOCUMENTS/phy0604.pdf>

1. Are you currently active in clinical medicine in Delaware? (i.e.: seeing patients and/or doing things necessary for the care of patients):

- 1 Yes, in training
- 2 Yes, working full time
- 3 Yes, working part time
- 4 No, retired (**GO TO QUESTION 31**)
- 5 No, inactive (**GO TO QUESTION 31**)
- 6 No, other (*specify*): _____ (**GO TO QUESTION 31**)
- 7 Not practicing in Delaware (**GO TO QUESTION 31**)

IF RETIRED, INACTIVE, OTHER, OR NOT PRACTICING IN DELAWARE, PLEASE SKIP TO PAGE 4, QUESTION 31

2. Were you active in clinical medicine 12 months ago:

- 1 No
- 2 Yes, at the same location as now
- 3 Yes, but at a different location (*specify location below*):

 City State ZIP code

3. On average, how many hours per week do you spend on each of the following activities:

- ____ Hours - Direct patient care or services and related paperwork
- ____ Hours - Administration and related paperwork
- ____ Hours - Teaching medical courses
- ____ Hours - Research
- ____ Hours - Other (*specify*): _____

4. Setting of primary employment is (*check all that apply*):

- 1 **Clinical Care Settings:**
 - 1 Practitioner's Office (solo, partner of group practice)
 - 2 Hospital (except federal)
 - 3 Nursing Home
 - 4 Freestanding Clinic (administratively distinct from a hospital, nursing home, etc.)
 - 5 Federally Qualified Health Center
 - 6 Treatment Facility for the Handicapped or Disabled
 - 7 Other (*specify*): _____
- 2 **Federal Health Facility:**
 - 1 Veterans' Administration (VA hospital)
 - 2 Other (*specify*): _____
- 3 **School:**
 - 1 School-Based Health Clinic
 - 2 Primary or Secondary School Site; School District
 - 3 School of Medicine
 - 4 Other University or College
 - 5 Other (*specify*): _____
- 4 **Miscellaneous Setting:**
 - 1 Medical Research Institution or Establishment
 - 2 Professional Association
 - 3 Administrative Duties in a Managed Care Setting (e.g.: HMO, PPO, etc.)
 - 4 Manufacturing or Industrial Establishment
 - 5 Other (*specify*): _____

5. Form of primary employment is (check all that apply):

- 1 **Self-Employed:**
 - 1 Solo Practice
 - 2 Partner of Group Practice
 - 3 Other (specify): _____
- 2 **Salaried, Employed by:**
 - 1 Individual Practitioner
 - 2 Partnership or Group Practitioners
 - 3 Group Health Plan Facility (HMO, PPO, etc.)
 - 4 Other Non-Government Employer (hospital, school, etc.)
 - 5 Federal Government
 - 6 Federally Qualified Health Center
 - 7 State Government
 - 8 Other (specify): _____

6. What are the practice name, facility name, address and zip code for each of the locations in Delaware where you practice medicine?

1 **Primary Location (most time delivering care)**

Practice Name (example: Bear-Glasgow Dental)

 Facility Name (People's Plaza)

 Street Address

 City State ZIP code

2 **Secondary Location**

Practice Name (example: Bear-Glasgow Dental)

 Facility Name (People's Plaza)

 Street Address

 City State ZIP code

3 **Tertiary Location**

Practice Name (example: Bear-Glasgow Dental)

 Facility Name (People's Plaza)

 Street Address

 City State ZIP code

7. What percentage of your working hours in Delaware do you spend at each of the locations listed above?

- 1 _____ Percent – Primary Location
- 2 _____ Percent – Secondary Location
- 3 _____ Percent – Tertiary Location
- 100 _____ Percent – Total

QUESTIONS BELOW PERTAIN TO YOUR PRIMARY LOCATION IN DELAWARE ONLY

8. What type of site is at the primary location?

- 1 Practice Office
- 2 Clinic
- 3 Hospital
- 4 Other (specify): _____

9. Using the medical specialty codes found on page 6, please identify all medical specialties practiced at this site. Also, for each medical specialty, indicate: (a) the average number of hours per week spent delivering direct patient care and (b) if you are Board certified or eligible.

Specialty Code	Hours of Direct Care per Week:	Status for Each Specialty:
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible

10. Have you changed the scope of your practice within the last year, or are you planning to do so within the next year?

- 1 Yes
- 2 No

If YES, what was the primary reason?

IF YOU SPEND NO TIME DELIVERING PRIMARY CARE AT THIS SITE (i.e.: internal medicine (IM), pediatrics (PD), general practice (GP), family practice (FP) or obstetrics &/or gynecology (OB/GYN)), PLEASE SKIP TO PAGE 4, QUESTION 31, OTHERWISE COMPLETE THE FOLLOWING:

11. On average, about how many hours per week do you spend providing primary care, both ambulatory and hospital follow-up, in one or more of the following areas ONLY

Primary Care Specialty	Hours of Direct Care per Week
Internal Medicine (IN)	_____
Pediatrics (PD)	_____
General Practice (GP)	_____
Family Practice (FP)	_____
Obstetrics & gynecology (OB/GYN)	_____

12. Do you see obstetrical and/or gynecological patients at this site?

- 1 Yes
- 2 No

13. Do you see pediatric patients at this site?

- 1 Yes
- 2 No

If YES, to what age do you continue to see pediatric patients? (Please check the box which reflects the oldest pediatric patient you typically accept)

- 1 0-3 year-olds
- 2 4-5 year-olds
- 3 6-10 year-olds
- 4 11-13 year-olds
- 5 14-16 year-olds
- 6 17-18 year-olds
- 7 19-21 year-olds

14. Do you offer Saturday and Evening hours?

Saturday 1 Yes
2 No

Evening 1 Yes
2 No

15. When a patient calls your office to request a routine (non-emergency) appointment, what is the usual elapsed time between the request and the resulting appointment for new and established patients (days)?

New patients Days 1 Not Applicable

Existing Patients Days 1 Not Applicable

16. Are you currently accepting new patients?

- 1 Yes
- 2 No

17. Are you currently treating MEDICAID patients at this site?

- 1 Yes
- 2 No

If YES, about what percentage of your total hours is spent delivering primary care to MEDICAID patients at this site? (please chose one number, below)

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

If YES, which of the following MEDICAID managed care plans do you accept? (check all that apply)

- 1 Diamond State Partners
- 2 Delaware Physicians Care, Inc.

18. Are you accepting new MEDICAID patients at this site?

- 1 Yes
- 2 No

If YES, about what percentage of your total hours do you anticipate you will spend delivering primary care to MEDICAID patients at this site, 12 months from now? (chose one number, below):

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

19. Are you currently treating MEDICARE patients at this site?

- 1 Yes
- 2 No

If YES, about what percentage of your total hours is spent delivering primary care to MEDICARE patients at this site? (please chose one number, below)

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

20. Are you accepting new MEDICARE patients at this site?

- 1 Yes
- 2 No

If YES, about what percentage of your total hours do you anticipate you will spend delivering primary care to MEDICARE patients at this site, 12 months from now? (chose one number, below):

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

21. Do you practice geriatrics as a subspecialty?

- 1 Yes
- 2 No

22. Does this site employ any non-physician clinicians: including advanced practice nurses (APN), certified nurse midwives (CNM), physician assistants (PA) or similar advanced practitioners in primary care (check all that apply)?

- 1 APN
- 2 CNM
- 3 PA
- 4 Other
- 5 None

23. If non-physician clinicians are employed, what percentage of the practice is treated by them?

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

24. Are there people at this site who have the ability to communicate with patients in a language other than English?

- 1 Yes
- 2 No

If YES, which one (check all that apply)?

- 1 Spanish
- 2 French
- 3 Arabic
- 4 Asian
- 5 Sign Language
- 6 Other (specify):

25. On average, what percentage of your time is spent delivering primary care to self-paying patients? (chose one number below):

- 1 0%
- 2 10%
- 3 20%
- 4 30%
- 5 40%
- 6 50%
- 7 60%
- 8 70%
- 9 80%
- 10 90%
- 11 100%

26. Do you offer a sliding fee scale, in which the professional fee is a percentage based on the patient's family income?

- 1 Yes
- 2 No

27. Do you provide charity care (no fee expected) inside your office?

- 1 Yes
- 2 No

28. Do you provide charity care (no fee expected) outside your office?

- 1 Yes
- 2 No

29. Do you offer flexible or installment payment plans, which would allow patients to pay for services over a period of time?

- 1 Yes
- 2 No

30. Do you belong to a managed care provider network?

- 1 Yes
- 2 No

If YES, how many different networks do you belong to? (number)

31. Do you expect to be active in clinical medicine in Delaware 5 years from now?

- 1 Yes
- 2 No
- 3 Unsure

If YES, use the medical specialty codes (located on page 6) to indicate what you expect your primary and, if applicable, secondary and tertiary specialties to be and the percentage of clinical time you plan to spend in each:

Specialty Code	Percentage	Expected Status for Each Specialty
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
_____	_____	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible

If NO, or UNSURE, what are the primary reasons you might not be practicing in Delaware?

32. State (or country if applicable) of residence at time of high school graduation.

State (country if applicable)

33. From which medical school did you graduate?

Name of medical school

Year (YYYY)

State (country if applicable)

34. Please indicate the hospital(s) and state(s) where you did your residency

Hospital name

State (country if appl.)

Hospital name

State (country if appl.)

Hospital name

State (country if appl.)

35. What is your race?

- 1 Caucasian or White
- 2 African American or Black
- 3 Native American or Alaskan
- 4 Asian or Pacific Islander
- 5 Multi-Racial
- 6 Other (specify): _____

36. Are you of Hispanic origin?

- 1 Yes
- 2 No

37. Gender?

- 1 Male
- 2 Female

38. Date of Birth?

_____/_____/_____
Month (MM) / Day (DD) / Year (YYYY)

39. Do you have a Delaware business license?

- 1 Yes
- 2 No

40. Please describe the type of internet connection you have in your practice office.

- 1 Dial up
 - 2 High Speed Internet
 - 3 Cable
 - 4 Satellite
 - 5 No internet access
 - 6 Other
 - 7 No computer in Office
- (GO TO QUESTION 43)**

41. Does your practice use computers for any of the following (check all that apply):

- 1 Billing
- 2 Scheduling
- 3 E-mail
- 4 Internet
- 5 Electronic patient records
- 6 Electronic order entry
- 7 E-prescribing
- 8 Electronic laboratory/radiology result reporting
- 9 Other (specify): _____

42. Is your office computer(s) connected to a local area network (LAN)?

- 1 Yes
- 2 No

43. Are you aware of the Delaware Health Information Network (DHIN) that offers a service allowing physicians to access their patients' clinical health information, housed at other facilities (i.e., hospitals, labs, radiology facilities, pharmacies, etc.), via a secured web browser in one standard format?

- 1 Yes
- 2 No (GO TO QUESTION 47)

44. Does your office practice currently participate in DHIN?

- 1 Yes (GO TO QUESTION 46)
- 2 No (GO TO QUESTION 45)

45. If you currently do not participate in DHIN, do you plan to participate in the future?

- 1 Yes
- 2 No

If YES, would you like someone from DHIN to contact you to enroll?

- 1 Yes (if you chose YES, your name and address will be provided to DHIN, no other information reported on this survey will be disclosed) (GO TO QUESTION 46)

- 2 No

If NO, why not?:

(GO TO QUESTION 47)

46. If a fee was assessed for the ability to retrieve new information from the system, how much would you be willing to pay per transaction?

- 1 \$0
- 2 Up to 2.50
- 3 2.51 to 5.00
- 4 More than \$5.00

47. Is your facility compliant with the Americans with Disabilities Act (ADA) (e.g., do you have access ramps, doors wide enough for a wheelchair and exam tables that lower to accommodate persons in wheelchairs)?

- 1 Yes
- 2 No

48. How familiar are you with the concept of a medical home as defined by the American Academy of Pediatrics?

- 1 No knowledge of concept
- 2 Some knowledge/not applied
- 3 Knowledgeable/concept sometimes applied in practice
- 4 Knowledgeable/concept regularly applied in practice

49. Do you refer your patients to any of the following Prenatal and Postpartum Care service providers (Christiana Care's Healthy Beginnings, Westside Health, Delmarva Rural Ministries, St. Francis' Tiny Steps, St. Francis' Center of Hope, La Red Health Center, Henrietta Johnson Health Clinic, DAPI)?

- 1 Yes
- 2 No

50. Do you refer your patients to any of the following Preconception Care service providers (Christiana Care's Healthy Beginnings, Westside Health, Delmarva Rural Ministries, Planned Parenthood of Delaware, Children and Families First ARC Program)?

- 1 Yes
- 2 No

51. Culturally competent health care providers that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of patients can help bring about positive health outcomes for diverse populations. Would you be interested in participating in a 1 day free cultural competency training program if the Division of Public Health offered one?

- 1 Yes
- 2 No

52. If you have any comments, please feel free to include them in the space provided below.

Thank you for completing the Delaware Physician Survey 2008.
 Return the completed form to: University of Delaware, CADSR, Graham Hall, Newark, DE 19716

AMA Self-Designated Practice Specialty Codes

(Listed alphabetically by specialty name)

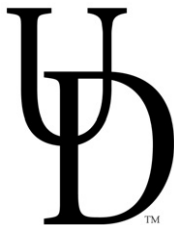
AS	Abdominal Surgery	GP	General Practice	PMD	Pain Medicine
ADM	Addiction Medicine	GPM	General Preventive Medicine	PDA	Pediatric Allergy
ADP	Addiction Psychiatry	VS	General Vascular Surgery	PDC	Pediatric Cardiology
ADL	Adolescent Medicine	GS	General Surgery	CCP	Pediatric Critical Care Medicine
OAR	Adult Reconstructive Orthopedics	FPG	Geriatric Medicine (Family Practice)	PEM	Pediatric Emergency Medicine
AM	Aerospace Medicine	IMG	Geriatric Medicine (internal Medicine)	PDE	Pediatric Endocrinology
A	Allergy	PYG	Geriatric Psychiatry	PG	Pediatric Gastroenterology
AI	Allergy & Immunology	GYN	Gynecology	PHO	Pediatric Hematology/Oncology
ALI	Allergy & Immunology/Clinical and Laboratory Immun.	GO	Gynecological Oncology	PN	Pediatric Nephrology
PTH	Anatomic/Clinical Pathology	HSO	Hand Surgery (Orthopedic Surgery)	PO	Pediatric Ophthalmology
ATP	Anatomic Pathology	HNS	Head & Neck Surgery	POO	Pediatric Otolaryngology
OP	Pediatric Orthopedics	HEM	Hematology (Internal)	PIP	Pediatric Pathology
AN	Anesthesiology	HMP	Hematology Pathology)	POP	Pediatric Pulmonology
BBK	Blood Banking Transfusion Medicine	HEP	Hepatology	PDR	Pediatric Radiology
ICE	Cardiac Electrophysiology	IG	Immunology	PPR	Pediatric Rheumatology
CD	Cardiovascular Disease	PIP	Immunopathology	NSP	Pediatric Surgery (Neurology)
CDS	Cardiovascular Surgery	ID	Infectious Disease	PDS	Pediatric Surgery (Surgery)
PCH	Chemical Pathology	IM	Internal Medicine	UP	Pediatric Urology
CHP	Child and Adolescent Psychiatry	LM	Legal Medicine	PD	Pediatrics
CHN	Child Neurology	MFM	Maternal & Fetal Medicine	PM	Physical Medicine & Rehabilitation
CEIG	Clinical Biochemical Genetics	MG	Medical Genetics	PS	Plastic Surgery
CCG	Clinical Cytogenetics	MM	Medical Microbiology	P	Psychiatry
CG	Clinical Genetics	ON	Medical Oncology	PYA	Psychoanalysis
DDL	Clinical and Laboratory Dermatological Immunology	ETX	Medical Toxicology (Emergency Medicine)	PH	Public Health and General Preventive Medicine
ILI	Clinical and Laboratory Immunology (internal Medicine)	PDT	Medical Toxicology (Pediatrics)	PUD	Pulmonary Disease
PLI	Clinical and Laboratory Immunology (Pediatrics)	PTX	Medical Toxicology (Preventive Medicine)	RO	Radiation Oncology
CMG	Clinical Molecular Genetics	OMO	Musculoskeletal Oncology	RP	Radiological Physics
CN	Clinical Neurophysiology	NPM	Neonatal-Perinatal Medicine	R	Radiology
CLP	Clinical Pathology	NEP	Nephrology	RIP	Radioisotopic Pathology
PA	Clinical Pharmacology	N	Neurology	REN	Reproductive Endocrinology
CRS	Colon & Rectal Surgery	NS	Neurological Surgery	RHU	Rheumatology
CCA	Critical Care Medicine (Anesthesiology)	NP	Neuropathology	ESM	Sports Medicine (Emergency Medicine)
CCM	Critical Care Medicine (Internal Medicine)	RNR	Neuroradiology	F.3M	Sports Medicine (Family Practice)
NNC	Critical Care Medicine (Neurological Surgery)	NM	Nuclear Medicine	ISM	Sports Medicine (Internal Medicine)
OCC	Critical Care Medicine (Obstetrics & Gynecology)	NR	Nuclear Radiology	OSM	Sports Medicine (Orthopedic Surgery)
PCP	Cytopathology	NTR	Nutrition	PSM	Sports Medicine (Pediatrics)
D	Dermatology	OBS	Obstetrics	HSP	Surgery of the Hand (Plastic Surgery)
DMP	Dermatopathology	OBG	Obstetrics & Gynecology	HSS	Surgery of the Hand (Surgery)
DIA	Diabetes	OM	Occupational Medicine	CCS	Surgical Critical Care (Surgery)
DR	Diagnostic Radiology	OPH	Ophthalmology	TS	Thoracic Surgery
EM	Emergency Medicine	ORS	Orthopedic Surgery	TRS	Traumatic Surgery
END	Endocrinology, Diabetes and Metabolism	OSS	Orthopedic Surgery of the Spine	LIM	Underseas Medicine
FPS	Facial Plastic Surgery	OTR	Orthopedic Trauma	U	Urology
FP	Family Practice	OTO	Otolaryngology	VIR	Vascular and Interventional Radiology
FOP	Forensic Pathology	OT	Otology	OS	Other (i.e., a specialty other than those appearing above)
GE	Gastroenterology	APM	Pain Management (Anesthesiology)		

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