



DISTRICT OF COLUMBIA PRIMARY CARE FULL-TIME EQUIVALENT (FTE) SURVEY



Identifiable information from this survey will be used exclusively for calculating population-to-provider ratios for the District's applications for geographic and population health professional shortage area (HPSA) designations for primary care. This information must be collected for each relevant physician practicing in the District; complete and accurate responses will greatly assist the District in identifying areas with limited access to primary care so that these areas can be made eligible to receive additional health care resources. Please respond to all questions. Call 202-724-7668 for assistance.

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Date of Birth: ____/____/____
MM DD YYYY

Physician's DC License Number: _____

Physician Status: Active Not in practice Moved out of the District

Other (explain) _____

Is Physician a Resident or Intern? Yes No

Is Physician a J1 Visa Holder? Yes No

Is Physician a Federal Employee? Yes No

Is Physician a National Health Service Corps (NHSC) Employee? Yes No

Specialty: _____

Percent of Practice: _____

Subspecialty: _____

Percent of Practice: _____

Contact phone (with area code): ____-____-____

Email: _____@____.____

Practice Address 1 (Main): Street Address: _____

City: _____ State: _____ Zip: _____

Hours per week in DIRECT patient care activities at this site: _____

Practice Address 2 (Additional): Street Address: _____

City: _____ State: _____ Zip: _____

Hours per week in DIRECT patient care activities at this site: _____

Out of a 40-hour week, approximately how many hours are spent in administration, teaching, paperwork, semi-retirement, lunch breaks, etc.? _____ Please circle the activities above or otherwise indicate which activities are included in this calculation: _____

Does Physician have hospital privileges? Yes No If yes, are hospital patient care hours included in practice location hours? Yes No If yes, how many hours per week? _____



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Does Physician serve the following patient groups?

Percentage of patients seen in practice:

- Homeless: Yes No
- Medicaid: Yes No
- Migrant Farmworkers: Yes No
- Migrant/Seasonal Workers: Yes No
- Native Americans: Yes No

Annual number of Medicaid claims: _____

Does Physician offer **sliding fee scale** based on income or ability to pay? **

- Yes No Percentage of all patients that are sliding fee: _____

****Note: Sliding Fee is a formal posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>) – bad debt write-offs are not included.**

Does Physician practice offer **language interpretation** for patients? Yes No

- What language? _____ Percentage of Patients: _____
- What language? _____ Percentage of Patients: _____
- What language? _____ Percentage of Patients: _____

Is Physician **accepting new patients**? Yes No

How long is the average **waiting time (days)** for a routine, non-urgent appointment?

New Patients (Days): _____ **Established Patients (Days):** _____

On average, how long do patients wait **once they have arrived in the office**?

New Patients (Minutes): _____ **Established Patients (Minutes):** _____

Does the Physician use an **electronic health record**? Yes No

Can DOH **share your response** regarding electronic health records and **your contact information ONLY** with the federally-funded Regional Extension Center (REC) that is assisting District providers with the transition to electronic health records? Yes No

RETURN BY FAX, EMAIL OR POST TO:
Primary Care Bureau
Community Health Administration
DC Department of Health
899 N. Capitol Street NE, 3rd Floor
Washington, DC 20002
Fax: 202-442-4947 Email: HPSA@DC.GOV

THANK YOU FOR YOUR ASSISTANCE WITH THIS IMPORTANT EFFORT.