

Wyoming Health Care Commission

Practice Location Workforce Study

Please assist the Wyoming Healthcare Commission in building a reliable database on clinics. Please take a moment to complete this survey and return it by 11/01/2007 in the envelope provided or fax toll free to (877) 290-0014. If you have any questions please contact Rita, toll free, at (877) 290-0021. Thank you for your assistance.

SECTION I: Business Information

Business Name: _____ NPI: _____

Hospital/Health System Affiliation: _____

Appointment Phone: _____ Fax: _____

Practice Location Mailing Address:

City/State/Zip: _____

Practice Location Street Address:

City/State/Zip: _____

Survey Mailing Address: (if different)

City/State/Zip: _____

Office Manager/Clinic Administrator:

Name: _____

Telephone: _____

Fax: _____

E-mail: _____

SECTION II: Questions

1. Does this practice use an after hours telephone advice program? No Yes

a) If Yes, which program? _____

2. Does this practice location use telemedicine services? No Yes

a) If Yes, which type of activities? _____

3. Does this practice location use an Electronic Patient Record system? No Yes

a) If Yes, what percentage is electronic? 100% 99-75% 74-50% 49-25% <25%

4. On average, how long will it take for a new patient calling your office to get an appointment for an examination or treatment?

(Please select one)

One week or less More than two weeks, but less than four weeks More than six weeks
 More than one week, but less than two weeks More than four weeks, but less than six weeks

5. Please describe your patient base by method of payment:

% Fee for service only % Medicaid % Other _____
 % Insurance % Medicare
 % Uninsured Sliding Scale % Unpaid Charity Care

HPTC Clinic Code: 0

County: _____

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6. Including mobile services, please list your inventory of large capital equipment available at this practice location.

Examples would include: ultrasound, laboratory equipment, x-ray equipment, treadmills, EKG, etc.

7. Do you have access to a locum's service? No Yes

a) If Yes, which service(s)? _____

b) On average, how many hours per year do you utilize this service? (Please select one)

<=40 hrs/yr 41-80 hrs/yr 81-120 hrs/yr 121-160 hrs/yr >161 hrs/yr

8. Do you currently have openings at this practice location? No Yes *(If No, please skip to question 12)*

If Yes, please report the sum total for each category:

a) Physician(s):

- 1. How many physician(s) are you actively recruiting? Replacement Practice Expansion
- 2. What is the length of time you have been recruiting for each opening? >2 yrs 1-2 yrs 6 mo-1 yr <=6 mos
- 3. What would be their practice arrangement? Self-employed Salaried

b) Physician Assistant(s):

- 1. How many PA's are you actively recruiting? Replacement Practice Expansion
- 2. What is the length of time you have been recruiting for each opening? >2 yrs 1-2 yrs 6 mo-1 yr <=6 mos
- 3. What would be their practice arrangement? Self-employed Salaried

c) Nurse Practitioner(s):

- 1. How many NP's are you actively recruiting? Replacement Practice Expansion
- 2. What is the length of time you have been recruiting for each opening? >2 yrs 1-2 yrs 6 mo-1 yr <=6 mos
- 3. What would be their practice arrangement? Self-employed Salaried

d) Dentist(s):

- 1. How many dentist's are you actively recruiting? Replacement Practice Expansion
- 2. What is the length of time you have been recruiting for each opening? >2 yrs 1-2 yrs 6 mo-1 yr <=6 mos
- 3. What would be their practice arrangement? Self-employed Salaried

9. Of the many recruitment obstacles listed below, please check the five that have the greatest impact on your recruitment efforts:

- | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Community offerings | <input type="checkbox"/> Lack of sufficient advanced technology |
| <input type="checkbox"/> Employment issues for Spouse/Significant Other | <i>(Please describe)</i> _____ |
| <input type="checkbox"/> Geography | <input type="checkbox"/> Lack of Large Capital Equipment |
| <input type="checkbox"/> Heavy patient load | <i>(Please describe)</i> _____ |
| <input type="checkbox"/> Insufficient time for CME hours | <input type="checkbox"/> Long hours |
| <input type="checkbox"/> Insufficient time to devote specifically for recruitment | <input type="checkbox"/> Malpractice rates |
| <input type="checkbox"/> Insufficient vacation time | <input type="checkbox"/> Patient load too light |
| <input type="checkbox"/> Lack of appropriate call coverage | <input type="checkbox"/> Pay Scale |
| <input type="checkbox"/> Lack of start-up incentives | <input type="checkbox"/> Other |
| | <i>(Please describe)</i> _____ |

10. How much might a new recruit need to spend per year on malpractice insurance in your community?

\$ _____ for \$ _____ of coverage.

11. Who would cover the expenses related to malpractice insurance? (Please select one)

Provider Practice Community Other _____

12. Please feel free to provide any additional comments below.

SECTION III: Professionals

Please double check this list of professionals employed at this location and make necessary additions or deletions.

Name	NPI	Hrs/wk	Profession					Left Business
		at this location	MD	DO	DDS	NP	PA	
_____	_____	Hours/week: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Hours/week: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Hours/week: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	Hours/week: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By: _____
 (Name)

All information is correct

Date: _____

* Profession Codes: MD - Medical Doctor, DO - Dr. of Osteopathy, DDS - Dentist, PA - Physician Assistant, NP - Nurse Practitioner