Section A: PRACTICE INFORMATION

1. What is the purpose of your application?
   o Active License Renewal
   o Paid Inactive Status Request

2. Are you engaged in (check all that apply):
   o Academic Educational Medicine
   o Administrative Medicine
   o Clinical/Patient Care Hours
   o Preventive Medicine and Public Health
   o Research Medicine
   o None of the above

3. 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

3b. If you engage in Administrative Medicine, please specify the type (check all that apply):
   o Private Practice Administration
   o Hospital Administration
   o Government Administration
   o District of Columbia Government Administration
   o Insurance Company Administration
   o Other: _____________________________
4. What is the full address of your primary practice setting?

_____________________________________________________________________________

City __________________________ State _________ Zip Code __________________

4b. How many hours per week are you practicing at this primary practice setting?
   - Under 20 hours
   - Greater than or equal to 20 hours

5. 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/NEO 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/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/TP Transplant Surgery
     - SU/TH Thoracic Surgery
     - SU/VA Vascular
   - Other: ____________________
5b. Are you providing patient care in your primary specialty area of practice?
   - Yes
   - No

5c. Are you Board Certified in your primary specialty area of practice?
   - Yes
   - No

5d. If No, Are you Board Eligible in your primary specialty area of practice?
   - Yes
   - No

5e. How many hours per week do you spend in your primary specialty area of practice?
   - Less than 20 hours
   - Greater than or equal to 20 hours

6. Do you accept or participate with Medicare?
   - Yes
   - No

6b. Do you accept or participate with Medicaid?
   - Yes
   - No

6c. Do you accept or participate with DC Healthcare Alliance?
   - Yes
   - No

7. 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 (academic educational medicine/administrative medicine/preventive & public health medicine/research medicine)
   - Add an additional practitioner to your practice
   - None of the above

8. 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)
8b. 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 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.”

9. 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: ____________________________________

9b. Are you currently accepting new patients?
   - Yes
   - No

10. If you have more than one clinical/patient care practice location, what is your secondary practice setting?
   - I do not have a 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: ____________________________________

10b. What is the full address of your secondary practice location?

____________________________________________________________________________________

City ____________________________ State ________ Zip Code ________________

10c. Are you currently accepting new patients at this secondary practice location?
   - Yes
   - No

10d. How many hours per week are you practicing at this secondary practice location?
   - Under 20 hours
   - Greater than or equal to 20 hours
11. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?
   o Yes
   o No

11b. Do you offer scheduled weekend hours at your practice location(s)?
   o Yes
   o No

*If you do NOT practice Obstetrics & Gynecology, please skip ahead to Section C: Special Topics.*

12. If you are an OB/GYN, do you practice Obstetrics?
   o Yes
   o No

12b. What percentage of your practice is dedicated to Obstetrics?
   o Greater than 50%
   o Less than 50%
Section C: SPECIAL TOPICS

TELEMEDICINE (Technology Assisted Medicine)

The D.C. Board of Medicine defines “Telemedicine” as “the practice of medicine by a licensed practitioner to provide patient care treatment or services, from any distance, through the use of health information and technology communications.”

13. Do agree that telemedicine is the practice of medicine?
   - Yes
   - No

13b. Do you currently use telemedicine in your practice?
   - Yes
   - No

13c. If no, do you anticipate incorporating telemedicine in your practice within the next 5 years?
   - Yes
   - No

SOCIAL MEDIA

14. 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

14b. Do you believe that social media use has communicative value within a physician-patient relationship?
   - Yes
   - No

ADVANCED PRACTICE CLINICIANS (APCs)

15. Do you supervise or work closely with an Advanced Practice Clinician – defined as a Physician Assistant (PA), Nurse Practitioner (NP), Midwife, or Certified Nurse Specialist – in your practice?
   - Yes
   - No

15b. If you answered “no,” do you plan to add an Advanced Practice Clinician to your practice in the next two years?
   - Yes
   - No
ELECTRONIC MEDICAL RECORD USE
16. Do you use e-prescribing?
   o Yes
   o No

16b. Do you use electronic health records (EHR)?
   o Yes
   o No

16c. Does your EHR allow patient access, (i.e. patient portal)?
   o Yes
   o 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 Workforce Survey!