



Delaware's OBGYNs 2008

Tibor Tóth, Ph.D.

Center for Applied Demography &
Survey Research

University of Delaware

**Delaware's OBGYNs
2008**

prepared for

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

by

Tibor Tóth, Ph.D.

**Center for Applied Demography & Survey Research
College of Human Services, Education and Public Policy
University of Delaware**

Newark, Delaware 19716

Tel: 302-831-3320

May, 2009

The University of Delaware is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, gender, religion, ancestry, national origin, sexual preference, veteran status, age, or disability in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act, other applicable statutes, and University policy. Inquiries concerning these statutes and information regarding campus accessibility and Title VI should be referred to the Affirmative Action Officer, 305 Hulliher Hall, 302/831-2835 (voice), 302/831-4552(TDD).

FRONT COVER:

“Expectant mothers” j0400635.jpg <http://office.microsoft.com/en-us/clipart/default.aspx>

Accessed May 2009

ACKNOWLEDGEMENTS

This data collection for this report was primarily funded by the Delaware's Division of Public Health/Bureau of Health Planning and Resources Management.

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.

TABLE OF CONTENTS

	Page
Acknowledgements	ii
List of Figures	iv
Overview	1
Results	3
Data Tables	7
Appendix	12

LIST OF FIGURES

Figure		Page
1	Primary Care Physicians and OBGYNs by County	7
2	Providing OBGYN Services by County	7
3	Gender of OBGYNs by County	7
4	Race of OBGYNs by County	7
5	Hispanic Origin of OBGYNs by County	7
6	Age of OBGYNs by County	7
7	Active Five Years from Now by County	8
8	State of High School Graduation by County	8
9	State of Medical School Graduation by County	8
10	State of Medical Residency by County	8
11	Accepting New Patients by County	9
12	Accepting and Treating Medicaid Patients by County	9
13	Percent of Time Serving Selected Patients by County	9
14	Average Wait Times for Types of Patients by County	9
15	Use of Non-Physician Resources by County	9
16	Member of Managed Care Network by County	9
17	Awareness of the DHIN by County	10
18	Use of Computers by County	10
19	ADA Compliance of the Facility by County	10
20	Number of Women (15-64) per OBGYN by Census County Division	11

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 Gynecologists and Obstetricians¹ (OBGYNs). This is the first time data is tabulated for OBGYNs 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, 92 are estimated to be gynecologists or obstetricians.

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 OBGYNs 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 83 are considered OBGYNs.

In the following section, different aspects of these 83 FTE physicians, who have responded and identified themselves as either gynecologists or obstetricians, 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 those who report their practice specialty as gynecologists or obstetricians (OBGYN). The numbers are reported 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 270,787, there are about 3,224 women aged 15-64 served by each full-time equivalent OBGYN in 2008. For the three counties, the estimates are 4,360 for Kent County, 2,949 for New Castle County, and 3,289 for Sussex County. Looking at these ratios, however, it is important to note that many physicians, who did not identify themselves as primarily OBGYNs, do provide OBGYN services (Figure 2). Across Delaware, 35% of non-OBGYN primary care physicians indicate that they do provide OBGYN care services to their patients.

Demographics

About 40% of OBGYNs in Delaware are female (Figure 3). The proportion of female OBGYNs is highest in New Castle County 48% compared with Kent and Sussex counties (33% and 33%). About 64% of OBGYNs in Delaware are Caucasian (Figure 4) with differences existing among counties. The highest proportion (75%) of Caucasian OBGYNs reported from Kent County. About 12% of Delaware's OBGYNs

reported their race to be Asian, 22% reported their race African American. The Hispanic population across Delaware is growing. Currently around 6% of Delaware's Population is Hispanic⁴. Overall in Delaware, around 8% of OBGYNs reports being of Hispanic origin (Figure 5). The highest proportion (18%) of Hispanic OBGYNs is reported in Sussex County, while no Hispanic OBGYNs reported from Kent County.

Around 25% of OBGYNs in the state are under 40 years of age; 11% are age 65 and above (Figure 6). The proportion of the youngest (under 40) OBGYN is the lowest (15%) in New Castle County, followed by Kent County (33%) and Sussex County (44%). The highest proportion (22%) of OBGYNs 65 and above is reported from Kent County, closely followed by OBGYNs in New Castle County (20%). The proportion of OBGYNs aged 50 and above is highest in New Castle County (52%), followed by Sussex County (38%) and then Kent County (22%). The high proportion of older OBGYNs in New Castle and Sussex counties is reflected in the uncertainty of practicing five years in the future (Figure 7). New Castle County's OBGYNs are most likely (34%) to indicate that they are unsure or they will definitely not be practicing in five years. Also, about 56% of Sussex County's OBGYNs are reporting that they are unsure or definitely will not be practicing in five years.

⁴ U.S. Census Bureau, 2006 American Community Survey

Source

The future supply of OBGYNs is just as important as the current number of providers. Around 68% of Delaware's OBGYNs come from the region (Figure 8) as measured by the state in which they resided at the time of their high school graduation (DE, MD, NJ, NY, PA.). Notably, Sussex County's OBGYNs are most likely (66%) to indicate that they resided outside of the region compared to New Castle and Kent counties (22% and 27% respectively). Around 8% of Delaware's OBGYNs come from Delaware (comparable to about 10% for all primary care physicians). Interestingly no OBGYNs who reported from Sussex County indicated that they come from Delaware – this could be a result of a low number of OBGYNs in that county. Around 43% of OBGYNs actively practicing in the state received their medical degrees outside of the region (Figure 9). Kent County stands out - with around 55% of that county's OBGYNs having received their education outside of the region. As expected, Pennsylvania is the most frequently reported state in the region where Delaware's OBGYNs 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, 25% of Delaware's OBGYNs completed their residency in Delaware (Figure 10). However, significant differences can be observed among counties. No OBGYN reporting from Kent County indicated having

completed their residency in Delaware. About 6% of OBGYNs reporting from Sussex County have completed their residency in Delaware. New Castle's OBGYNs stand out – 38% of them indicated having completed a residency in the State. The high proportion of DE residencies among New Castle County OBGYNs replicates the pattern that exists among all primary care physicians (not pictured here).

Practice Characteristics

While the number of OBGYNs, along with the Full Time Equivalent counts, provide a way to approximate the availability of gynecological and obstetric care across Delaware's counties, this nominal availability needs to be further examined. Overall for Delaware, 92% of OBGYNs indicated that they accept new patients (Figure 11). All of Kent and Sussex Counties' OBGYNs report accepting new patients, while about 87% of New Castle County's OBGYNs report accepting new patients. The situation is even more pronounced for new Medicaid patients. Here, only Kent County indicates 100% acceptance of new Medicaid patients, with Sussex County falling behind at around 94% and New Castle County being in the worse situation. There, only 60% of OBGYNs indicated that they accept new Medicaid patients. Three quarters of all OBGYNs across the state currently treat Medicaid patients (Figure 12). All of Kent and Sussex County's reporting OBGYNs indicate treating Medicaid patients

while only 60% of New Castle County's OBGYNs treat this population. Overall, Delaware's OBGYNs indicate spending around 35% of their time delivering care to Medicaid patients (Figure 13). Here, significant differences exist among counties. Kent and Sussex counties' OBGYNs indicate spending about 4-5% of their time serving Medicaid patients – while OBGYNs in New Castle County report spending about 35% of their time serving Medicaid patients. Real availability of gynecological and obstetrics care is also influenced by the average wait time. In aggregate, Delaware's OBGYNs report the average wait time for new patients at 40 days and average wait time for established patients to be around 45 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 (52 days) and the wait time for existing patients is highest in New Castle County (62 days). Sussex County's OBGYNs report shortest waiting times for both New and Established patients. 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 available⁵, 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 OBGYNs use non-

physician resources with a higher frequency. Only about 35% of them indicate not using non physician resources (Figure 15). However, this increased use of non physician resources among OBGYNs, means that significant increases in the number of OBGYN patients seen by individual offices should not be expected – OBGYNs 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 OBGYNs to extend their services to a wider range of patients. All of Delaware's OBGYNs reported belonging to at least one managed care network (Figure 16). OBGYNs most frequently report belonging to between 5 and 9 managed care networks (67%).

Health care providers across Delaware can participate 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 44% of Delaware's OBGYNs are familiar with DHIN (Figure 17). The highest proportion of OBGYN familiar with DHIN is in Kent County (62%). DHIN requires the use of a computer at the provider's office. Different Types of computer uses are tabulated in Figure 18. About 88% of Delaware's OBGYNs use

⁵ Primary Care Physicians in Delaware 2008

computers for scheduling, 85% report using computers for Internet access, 75% report using computers for e-mail and about 71% indicate using computers for billing. The use of computers for electronic patient records is the highest (100%) in Kent County compared with around 36% in New Castle and Sussex counties.

Respondents were asked to identify if their offices are ADA compliant (Figure 19). Across Delaware, 93% of OBGYNs 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). All of OBGYNs reporting from Kent and Sussex counties indicate that their offices are ADA compliant while about 89% of New Castle County's OBGYNs report complying with the ADA facility requirements.

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

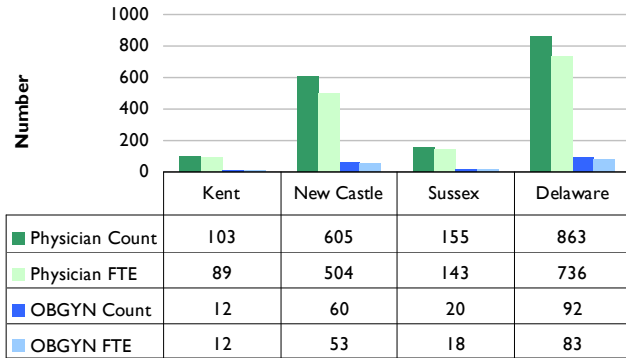
areas with a strong identity and a population of 20,000⁶. While the MUA/MUP designation is not specific to OBGYNs, however it is useful to utilize Census County Divisions (CCD) as rational areas of service. Census County Divisions are geographic areas designated by the U.S. Bureau of Census; they are sub areas of Counties.

In Figure 21, the ratio of OBGYNs to the population of women aged 15-64 is displayed. OBGYNs are unevenly distributed across the state. OBGYNs reported back from 13 of the Census County Divisions (CCD), while no OBGYNs reported from 14 CCDs. The practice sites from which OBGYNs reported were likely to be associated with a CCD that had a hospital or was adjacent to a CCD with a hospital. There were a few exceptions in New Castle County, but the ratios were low. Undoubtedly, both the type of practice and the need to have immediate access to a hospital influences this spatial relationship. It also suggests that women requiring the services of an OBGYN can expect to travel.

⁶ 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.

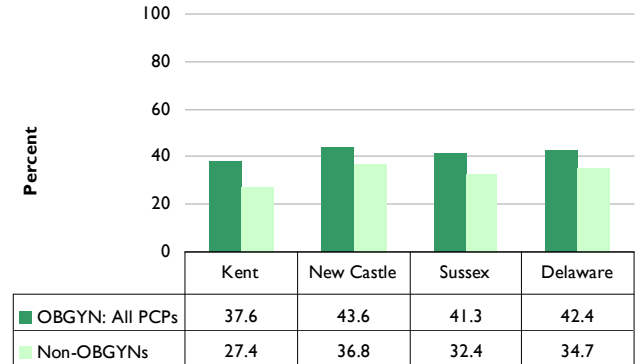
DATA TABLES

Figure 1
Primary Care Physicians and OBGYNs
by County



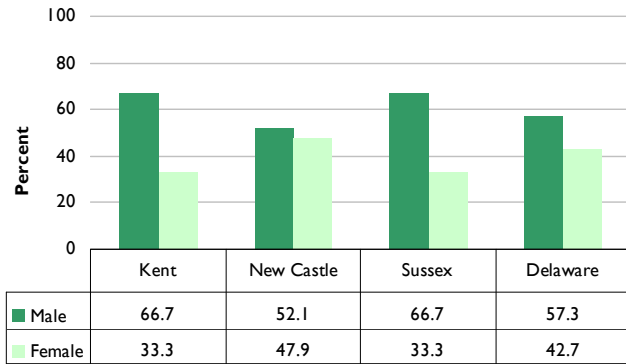
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 2
Providing OBGYN Services
By County



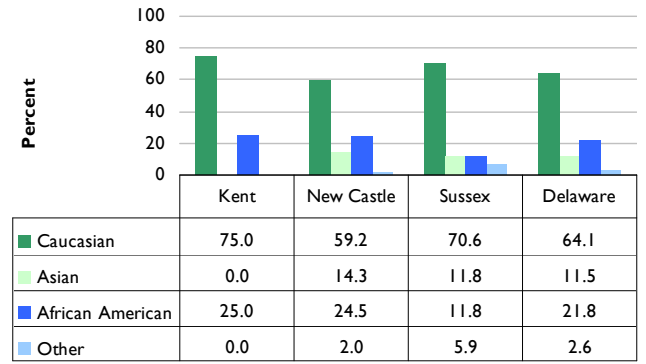
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 3
Gender of OBGYNs by County



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

Figure 4
Race of OBGYNs by County



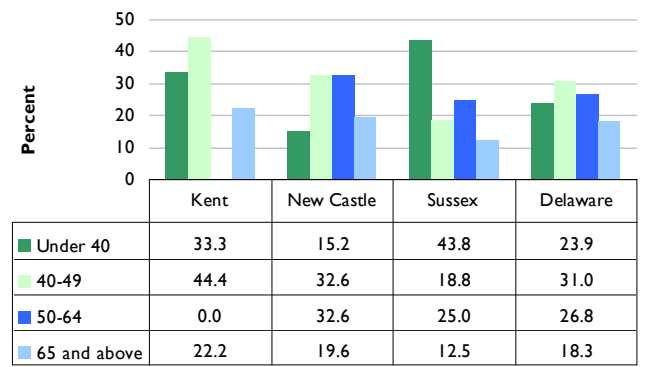
Source: Center for Applied Demography & Survey Research
University of Delaware

Figure 5
Hispanic Origin of OBGYNs by County



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

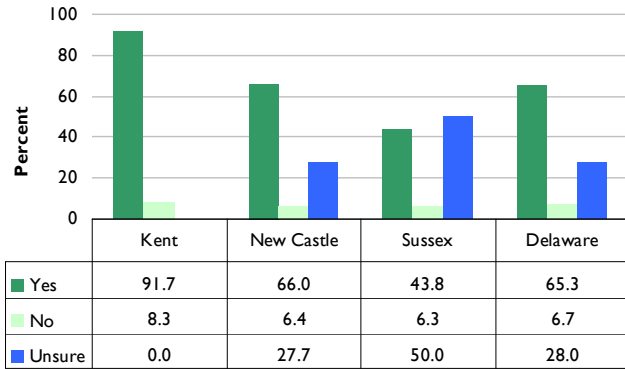
Figure 6
Age of OBGYNs by County



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

Figure 7

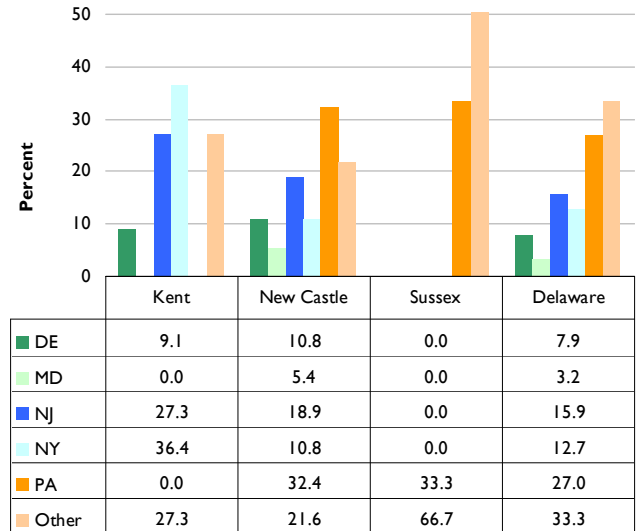
Active Five Years from Now by County



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

Figure 8

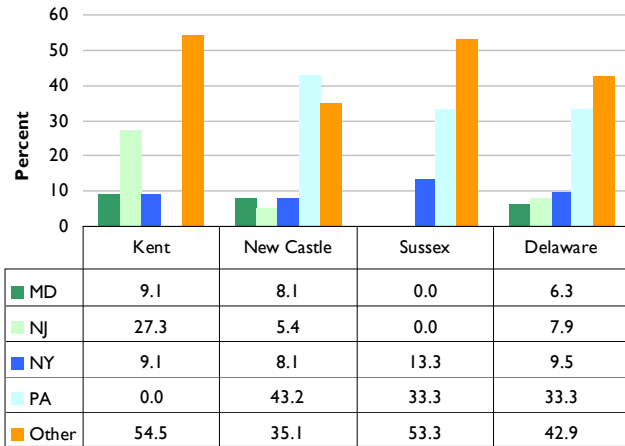
State of High School Graduation by County



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

Figure 9

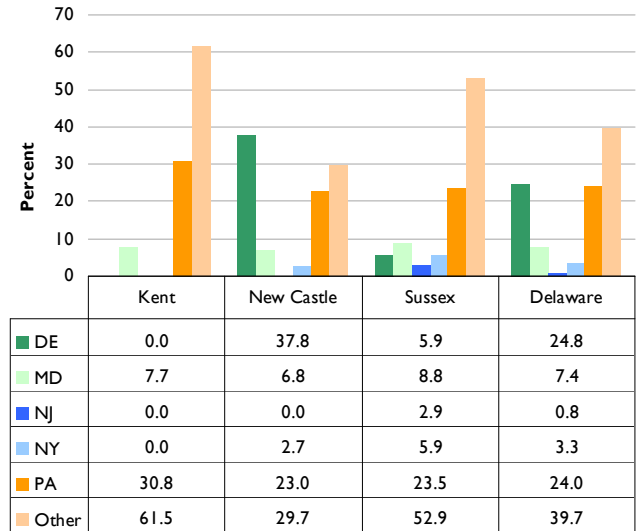
State of Medical School Graduation by County



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

Figure 10

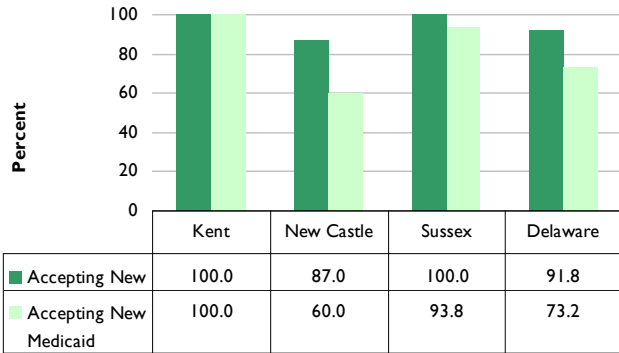
State of Medical Residency by County



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

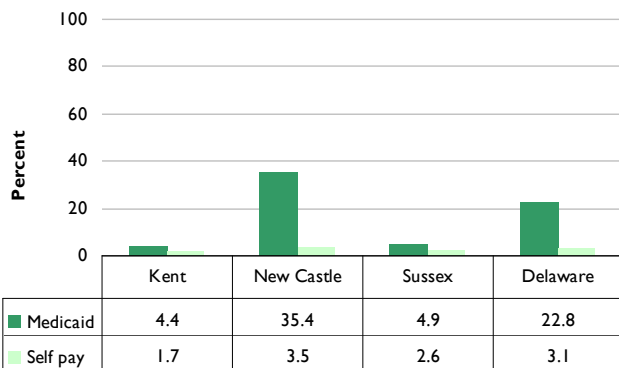
Accepting and Treating Medicaid Patients by County



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

Figure 13

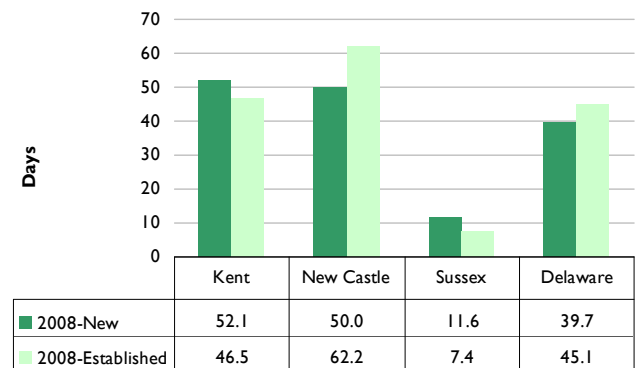
Percent of Time Serving Selected Patients by County



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

Figure 14

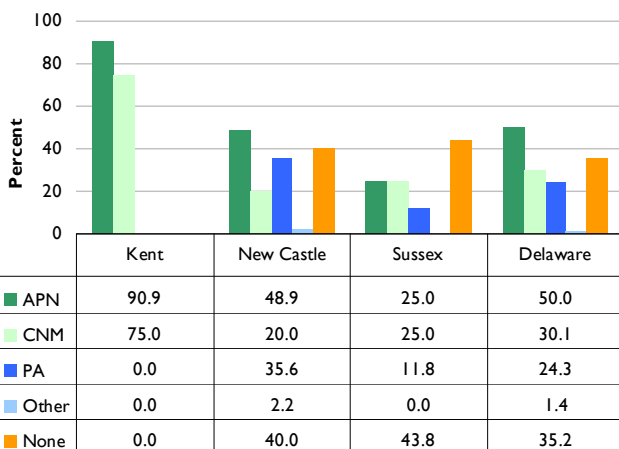
Average Wait Times for Types of Patients by County



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

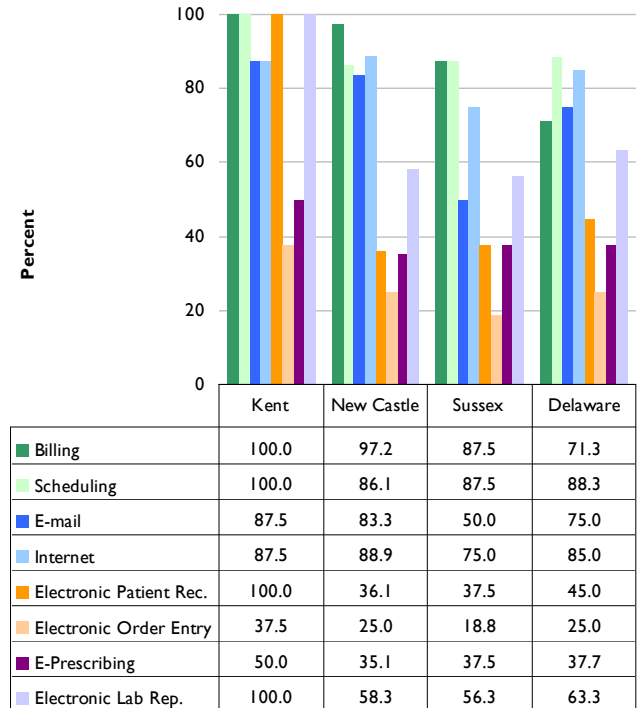
Awareness of the DHIN by County



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

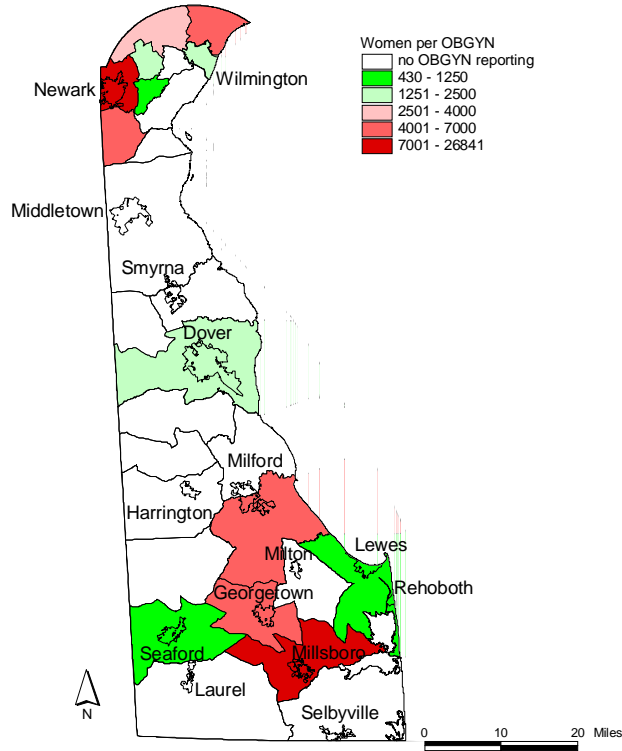
Figure 19

ADA Compliance of the Facility by County



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

Figure 20
Number of Women (15-64) per OBGYN
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)

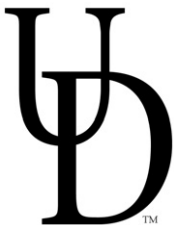
AS	Abdominal Surgery	GP	General Practice	PMD	Pain Medicine
ADM	Addiction Medicine	GPM	General Preventive Medicine	PDA	Pediatric Allergy
ADP	Addiction Psychiatry	VS	General Vascular Surgery	PDC	Pediatric Cardiology
ADL	Adolescent Medicine	GS	General Surgery	CCP	Pediatric Critical Care Medicine
OAR	Adult 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)		

Center for Applied Demography & Survey Research
College of Human Services, Education & Public Policy
University of Delaware
287 Graham Hall
Newark, DE 19716

phone: **302-831-8406** fax: **302-831-6434**

www.cadsr.udel.edu

Center for Applied Demography & Survey Research (CADSR) is a project - oriented, policy analysis and survey research center. The Center's primary mission is to ensure that the best possible data and information on important public issues are developed and made available to members of the College, its clients, and, most importantly, to the policy-makers who affect the way we all live and work in Delaware. This mission is accomplished in four different ways: by acting as a clearinghouse for large data sets supplied by local, state, regional, and federal agencies; by maintaining an active survey research capability; by developing and designing custom databases of text, graphical information (including both raster and vector data), drawn from client files; and by using an array of information system technologies.



An Equal Opportunity/Affirmative Action Employer

The University of Delaware is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, gender, religion, ancestry, national origin, sexual preference, veteran status, age, or disability in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act, other applicable statutes, and University policy. Inquiries concerning these statutes and information regarding campus accessibility and Title VI should be referred to the Affirmative Action Officer, 305 Hullihen Hall, 302/831-2835 (voice), 302/831-4552(TDD).