

Specialist Physicians in Delaware, 2018



DELAWARE HEALTH AND SOCIAL SERVICES

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Executive Summary

This report is an update of the Delaware Specialist report published in 2001. It is based on the Delaware Primary Care & Specialist Physicians survey conducted during 2018. While the state has exact information on the number of specialist physicians who are licensed to practice in Delaware, data and information on specialists actively providing direct patient care, their practice characteristics, and their demographic profile is only available through this survey. These results are used to help local and state governments, along with employers and educational institutions, plan for an adequate supply of health professionals in Delaware. Resources can be targeted to ensure adequate health care for Delawareans by learning where specialists practice, the form and setting of their employment, and how long they plan to stay active in their profession.

The data collected allows the estimation of the number of active specialist physicians in the state, along with the full-time equivalent (FTE) count, demographic characteristics, and practice attributes. In summary:

- In 2018, there were 994 active specialist physicians in Delaware. Accounting for the time they offer direct patient care, the estimated FTE is 823 specialist physicians.
- There are an estimated 1,185 persons served by each FTE specialist care physician in Delaware. For the three counties, the estimates are 1,390 for Kent County, 1,094 for New Castle County, and 1,304 for Sussex County.
- Kent County's physicians were least likely (68 percent) to report they will be active in the field five years from now, compared with 77 percent in Sussex County and 79 percent in New Castle County.
- In Delaware, 26.8 percent of all specialist physicians are female and 73.2 are male.
- The highest proportion of Hispanic specialist physicians is found in Sussex County (10 percent).
- Looking at the oldest age group (65 and above) of specialist physicians, 14.8 percent of Kent County's specialists are in this age bracket compared with 13 percent in New Castle County and 11.3 percent in Sussex County.

- Across all counties in Delaware, about 50 percent of specialists are in the 50-64 age category.
- About 60 percent of Delaware's specialists went to high school in the region; and 55 percent of them graduated from a medical school in the region.
- Over 42 percent of specialists report being self employed, 50 percent report being salaried, and almost 7 percent report both of these categories.
- Of those specialists who report being self employed, almost 62 percent of them are a partner or work in a group practice. Only about 36 percent of self-employed specialists work in a solo practice.
- About 52 percent of specialists who report being salaried employees work for hospitals and 35 percent work for a partnership.
- On average, Delaware's specialists devote 43 hours per week to direct patient care, almost six hours to administration, less than one hour to teaching, less than one hour to research, and about half an hour to other work-related activities.
- Participation in pay-for-performance was the most frequently reported value-based reimbursement payment method used by Delaware's specialists, followed by shared savings at 19.9 percent. At the time of the fielding of the survey, no specialists reported participation in the concierge model of reimbursement method.

Methodology

In 1995, the Delaware Department of Health and Social Services, Division of Public Health (DPH) began 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. Those studies were repeated in 1997, 1998, 2001, 2006, 2008, 2011, 2013, and again in 2018.

In 2001, a report on specialist physicians was produced using the data collected. The report presented here is an update of the report from 2001 that calculates data on specialist physicians in Delaware.

In 1995, the method chosen to gather the information from physicians was a mail survey combined with telephone follow-up of non-respondents. Survey results for the 2001 and 2018 specialist reports are from data collected through mail surveys (data collection method changed to a mail only survey in 1997).

The data collection for the current report took place during the spring and summer of 2018. The list of licensed physicians (obtained from the Division of Professional Regulation) contained 12,410 entries. We excluded 36 with addresses outside of the United States, resulting in 12,374 entries. Out of these, 6,684 were listed as active physicians licensed to practice medicine in Delaware. After removing duplicates, 5,050 unique physicians were identified. Of those, 2,355 have a Delaware address, although that does not mean they are active in, or that they have a, Delaware practice. Similarly, physicians living in other states may have an active practice in Delaware. For the purposes of producing this report, 2,533 physicians were contacted. This includes all active physicians licensed in Delaware with an address in Delaware (2,355) and active physicians licensed in Delaware reporting addresses with ZIP codes adjacent to Delaware (178).

Physicians were first contacted with a pre-letter, followed up by the first mailing of the survey instrument. In subsequent mailings, we only contacted physicians who had not responded. Next, we sent a reminder card, two more mailings of the survey instrument to non-respondents, and a final reminder card.

Of those contacted, 957 physicians responded to the survey and provided usable data. Additionally, 62 were returned as undeliverable; two licensed physicians explicitly refused to answer; and in three cases, we were informed that the physician had passed away.

After weighting for non-respondents and taking into account the geographical distribution of licensed physicians, the number of specialist physicians is estimated at 994. This is higher than the estimate of 982 specialists in 2001.

Not all physicians 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 specialist physicians' availability, full-time equivalents (FTE) were calculated. A physician who was engaged in delivering care directly to patients 40 or more hours per week was defined as a full-time 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.¹

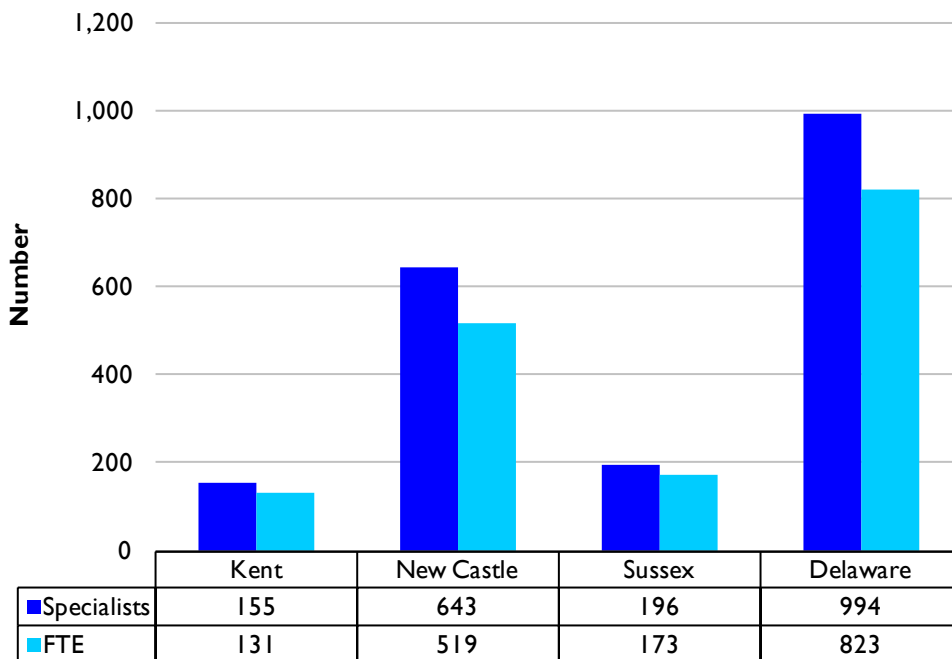
The remainder of this report examines different aspects of specialist physicians and their practices presenting calculations based on FTE equivalents to allow comparisons across years. Overall, the objective is to touch on those attributes that affect the availability of specialists in Delaware. In the section that follows, the basic demographics of the specialist physician population are discussed. Of particular interest is the age structure and diversity of these practitioners. The next section deals with practice characteristics. Important issues such as waiting times for patient appointments and the acceptance of new patients are among the topics addressed.

¹ Federal Register/Vol.45, No.223/ Monday, November 17, 1980, Part IV Department of Health and Human Services, 42 CFR Part 5, p.76002.

Demographics

The number and availability of specialist physicians along with the demographic diversity within the specialist physician community is important as changes occur in Delaware’s population. Some patients may feel more comfortable with and are able to communicate better with physicians having particular characteristics.

Figure 2.1
Number and Full-Time Equivalent Count of Specialist Physicians
by County, Delaware, 2018

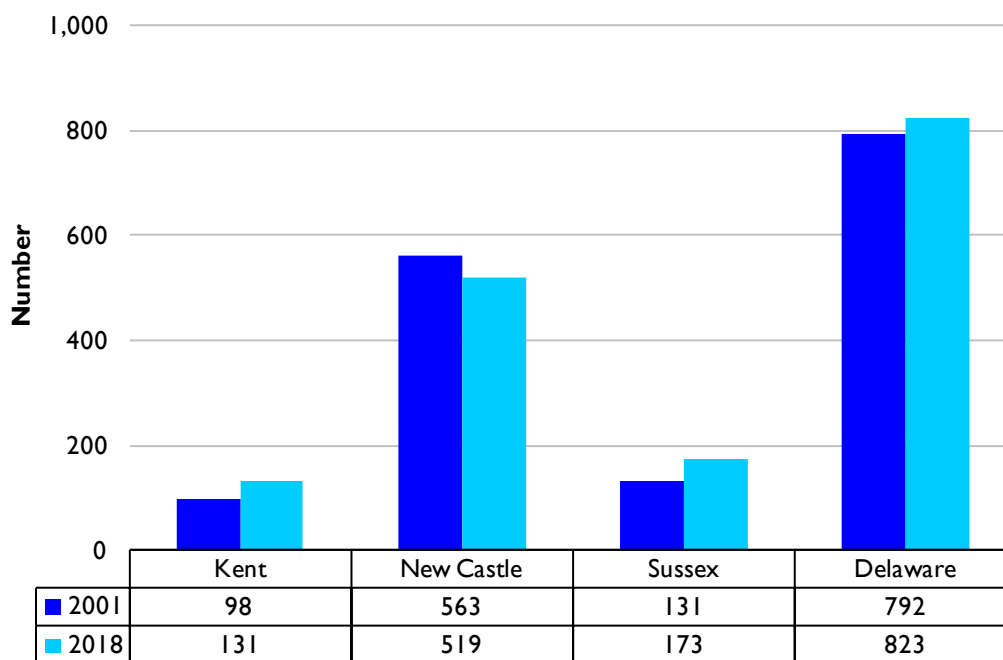


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Figure 2.1 summarizes the current number of specialist physicians in Delaware by county of practice. The number of specialist physicians is provided with FTE estimates. Given

Delaware's population in 2018 of 975,301², there are about 1,185 persons served by each FTE specialist physician in 2018. For the three counties, the estimates are 1,390 for Kent County, 1,094 for New Castle County, and 1,304 for Sussex County.

Figure 2.2
Full-Time Equivalent Specialist Physicians
by County and Year, Delaware, 2001 and 2018

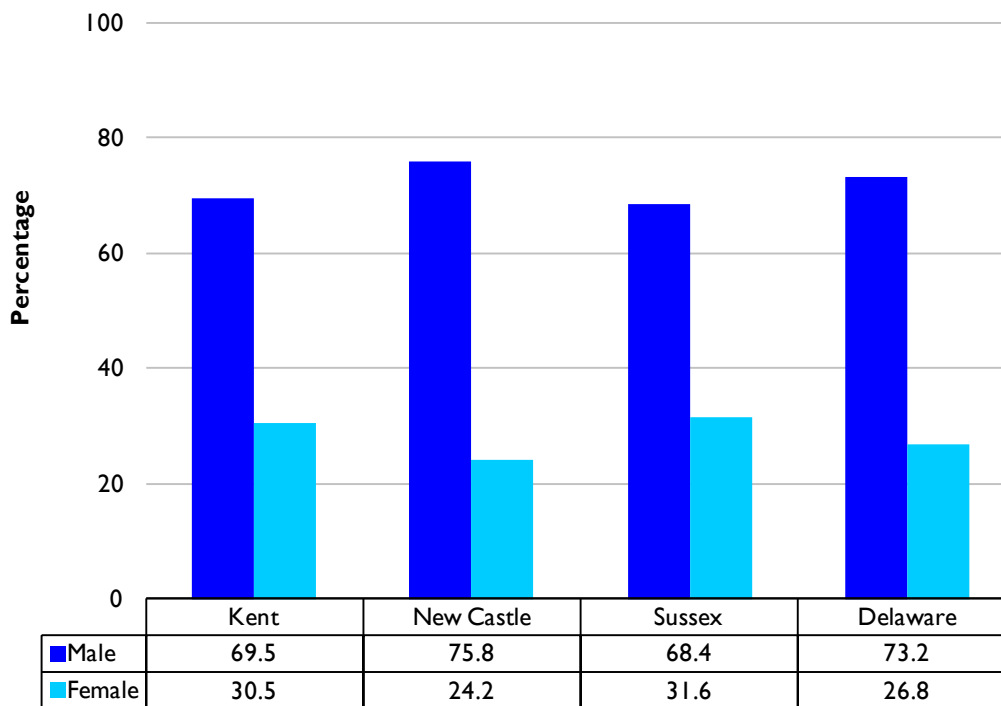


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

² 2012-2016 American Community Survey Five Year Estimates S010, <http://factfinder2.census.gov/>, adjusted to Delaware Population Consortium Annual Population Projections Version 2017.0 from October 26, 2017, accessed August 3, 2018.

Figure 2.2 compares the number of specialists between 2001 and 2018. The estimated number of FTE specialist physicians in the state increased from 792 in 2001 to 823 in 2018. The results of the current survey indicate an increase in the FTE count of specialist physicians in Kent and Sussex counties and a decrease in New Castle County.

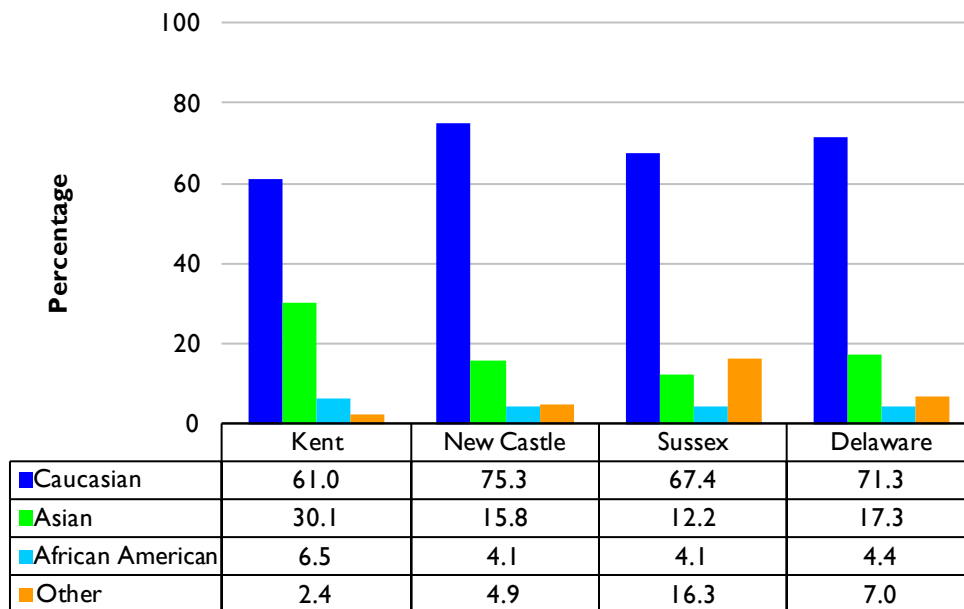
Figure 2.3
Gender of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

The specialist physician community in Delaware is about 73.2 percent male (Figure 2.3). The proportion of female specialists is highest in Sussex County (31.6 percent) and the proportion of male specialists is highest in New Castle County (75.8 percent).

Figure 2.4
Race of Specialist Physicians
by County, Delaware 2018

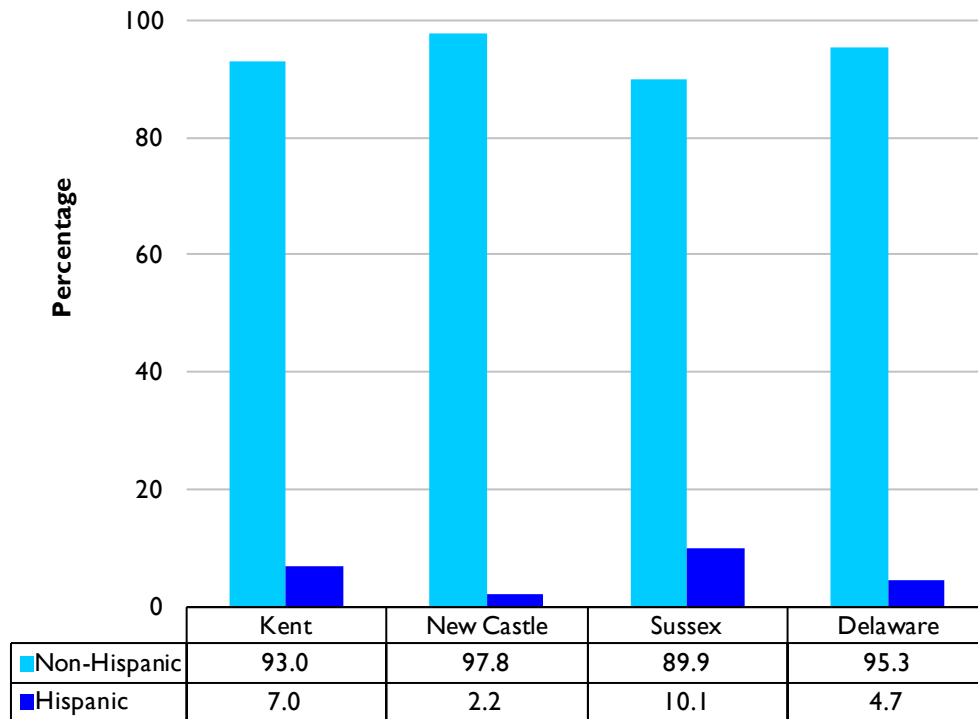


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

The racial distribution of specialist physicians by county is shown in Figure 2.4. The most interesting aspect of this table is the high proportion of Asian specialist physicians (30.1 percent) in Kent County. The current survey indicates the highest proportion of African American specialists to also be in Kent County (6.5 percent). The proportion of specialist physicians who identified as “Other” is highest in Sussex County (16.3 percent)

Hispanic origin is of particular interest in Delaware with the rapid growth of that population, notably in Sussex County. The distribution of specialist physicians of Hispanic origin is found in Figure 2.5.

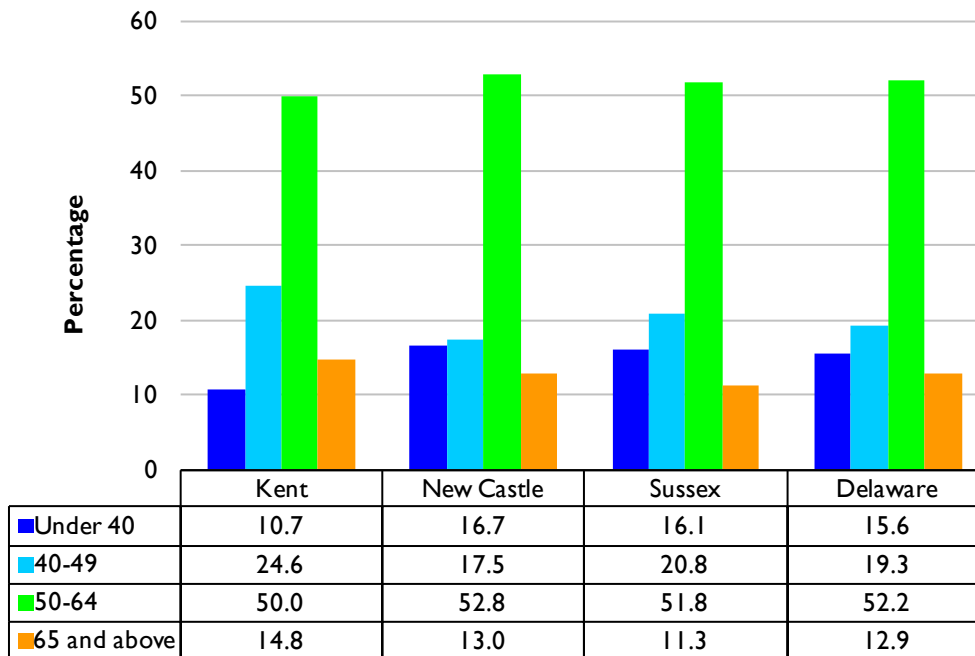
Figure 2.5
Hispanic Origin of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Sussex County has the highest proportion of Hispanic specialist physicians (10.1 percent). The lowest proportion is in New Castle County (2.2 percent). Overall, the proportion of Hispanic specialist physicians in Delaware is 4.7 percent.

Figure 2.6
Age of Specialist Physicians
by County, Delaware, 2018



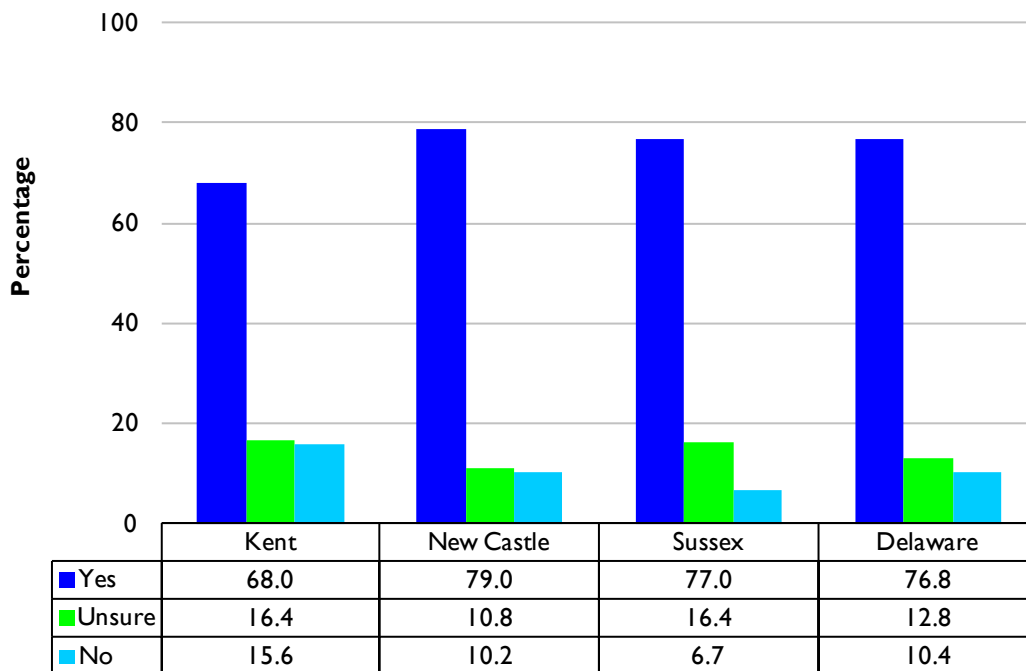
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

The age distribution of specialist physicians is found in Figure 2.6. Kent County stands out with the lowest proportion of younger specialist physicians (10.7 percent under 40 years of age). Overall for the state, 15.6 percent of specialist physicians are under 40 years old. The proportion of specialist physicians age 40-49 is unevenly distributed across counties. The highest proportion of specialist physicians age 40-49 is in Kent County (24.6 percent) and the lowest in New Castle County (17.5 percent). For the 50-64 age group, the distribution is evenly distributed across counties, ranging from 50.0 percent in Kent County to 51.8 percent in Sussex County. Looking at the oldest age group (65 and above), about 14.8 percent of

Kent County’s specialist physicians are in this age bracket, compared with 13.0 percent in New Castle County and 11.3 percent in Sussex County.

Specialist physicians were asked if they planned to be active in clinical medicine five years from now (Figure 2.7). In general, 76.8 percent of specialist physicians expect to be active in five years. The highest proportion (79.0 percent) of physicians indicating that they will be active five years from now is found in New Castle County. Sussex County’s specialist physicians followed closely; about 77.0 percent of them indicated that they will be actively practicing five years from now. In Kent County, only 68.0 percent indicated that they will be actively practicing in the next five years.

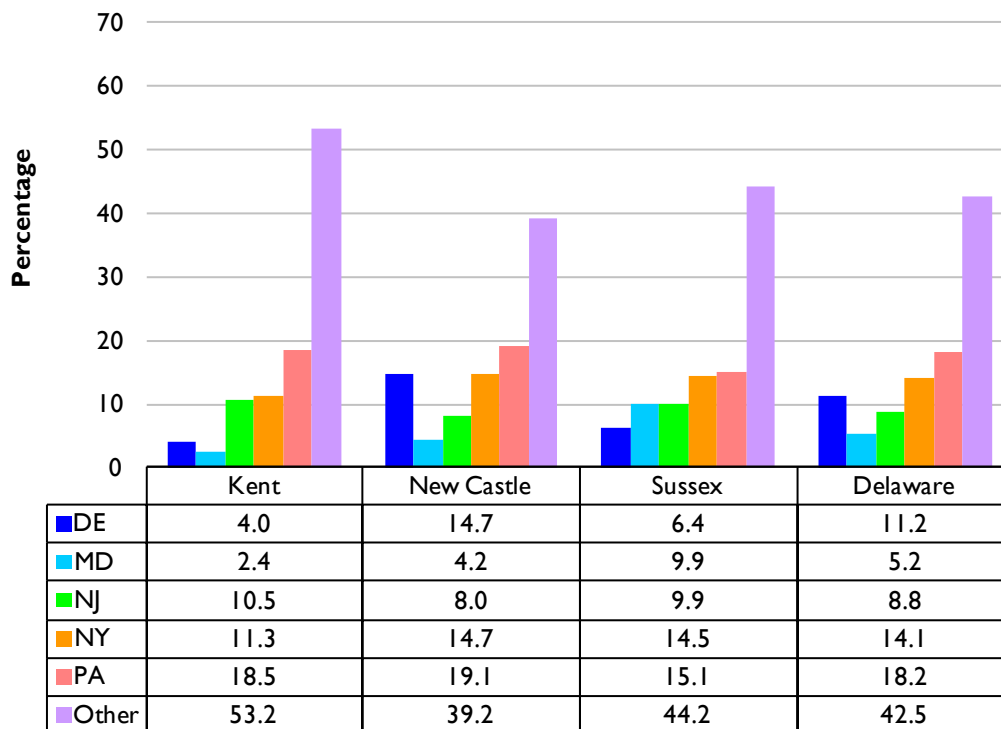
Figure 2.7
Specialist Physicians Active Five Years from Now
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

It is necessary to analyze why some physicians choose to practice in Delaware and others choose to practice in other states. The factors that affect this choice impact the supply of specialist physicians available to serve Delaware's residents. Several pieces of information are useful for this purpose. First, where did specialist physicians originally reside at the time he/she graduated high school? Second, in what state did the specialist physician attend medical school?

Figure 2.8
State of High School Graduation of Specialist Physicians
by County, Delaware, 2018

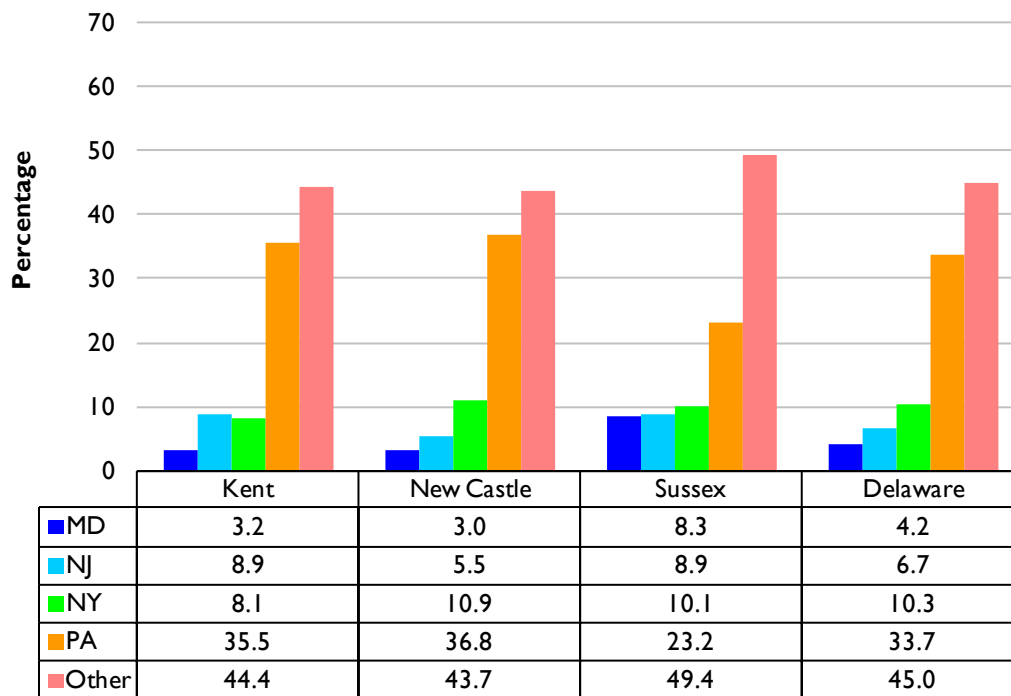


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

In Figure 2.8, the distribution of the state of the specialist physician's high school graduation is shown. The first interesting aspect of this figure is that 57.5 percent of

Delaware’s specialist physicians grew up in the region (Delaware, Maryland, Pennsylvania, New Jersey, and New York) with approximately 11.2 percent being from Delaware. However, these figures vary across counties. About 53.2 and 44.2 percent of specialist physicians practicing in Kent and Sussex Counties resided outside of the region at the time they graduated high school, while only 39.2 percent of New Castle County’s physicians come from outside the region. About 14.7 percent of New Castle County’s physicians resided in Delaware at the time of their graduation from high school, while only about 4.0 and 6.4 percent of Sussex and Kent County’s specialist physicians, respectively, are from Delaware.

Figure 2.9
State of Medical School Graduation of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

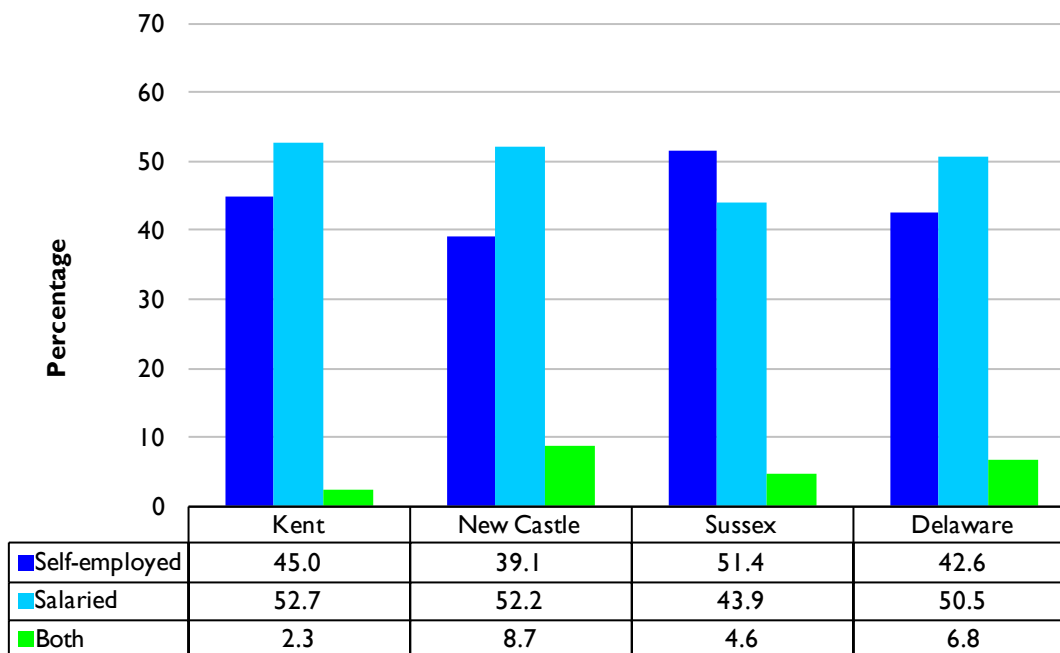
The pattern observed for the state of medical school graduation is presented in Figure 2.9. The highest proportion of specialist physicians graduating from medical schools outside of the region is located in Sussex County (49.4 percent). Two other characteristics of note in Sussex, those from medical schools in Pennsylvania are least likely to practice in Sussex County (23.2 percent), compared to the other two counties; and approximately 8.3 percent of specialist physicians in Sussex County graduated from a medical school in Maryland, which is a higher percentage from Maryland than chose to practice in Kent or New Castle counties.

Practice Characteristics

Specialist physicians in Delaware are distributed across different specialties with different types of practices. This section discusses some of the key characteristics of those practices. The attributes selected for analysis largely relate to capacity and availability for patient care.

One of the key decisions a specialist physician will make is whether to become self-employed or to join an existing practice as a salaried employee. One would tend to think that this is an either/or decision but that model is not supported in Figure 3.1.

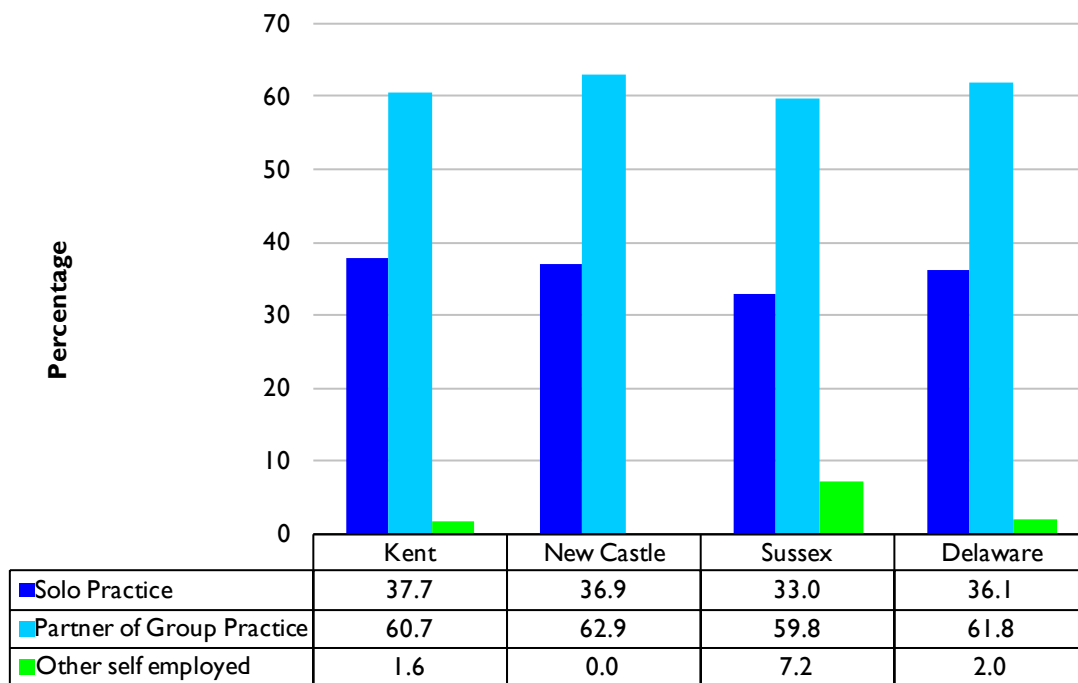
Figure 3.1
Primary Employment of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

When specialist physicians were asked about their primary employment, they were free to choose more than one answer. About 6.8 percent of specialist physicians responded that they were involved in both primary types of employment. Presumably, this suggests that they are salaried but are also engaged in consulting activities outside of their primary employment. The lowest proportion of specialists reporting self employment is in New Castle County (39.1 percent). The lowest proportion of specialists reporting salaried status is in Sussex County (43.9 percent).

Figure 3.2
Self-Employment Type of Specialist Physicians
by County, Delaware, 2018

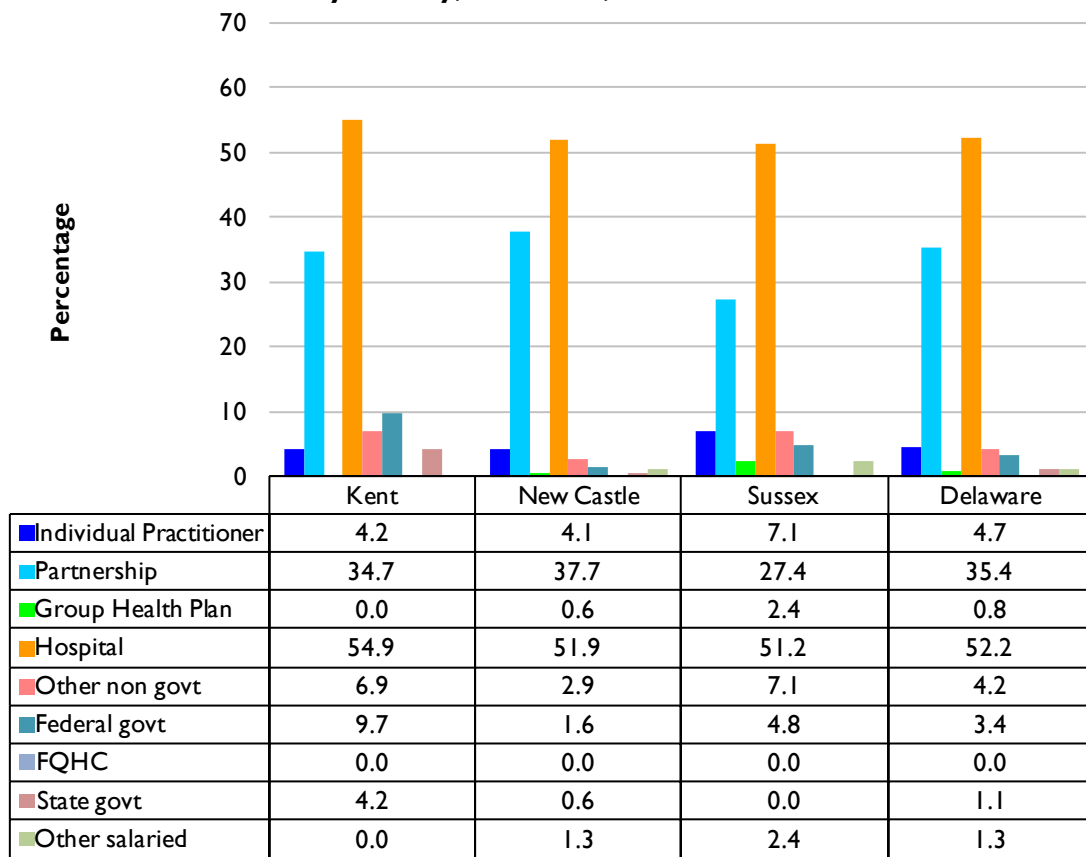


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

There are additional differences within the self-employed specialists as they relate to group practice. This is shown in Figure 3.2. Clearly, specialist physicians are more oriented toward partnerships in a group practice (61.8 percent) than solo practice (36.1 percent).

Specialist physicians who choose to practice medicine as a salaried employee have a wide spectrum of potential employment (Figure 3.3). There are two main options for those seeking employment as a salaried employee. First, they may work for a hospital; about 52.2 percent of Delaware's specialist physicians are employed by hospitals. The highest proportion is reported in Kent County (54.9 percent) and the lowest in Sussex County (51.2 percent). The second option for a specialist seeking salaried employment is to work for a partnership. Nearly 35.4 percent of salaried specialists in Delaware chose this option.

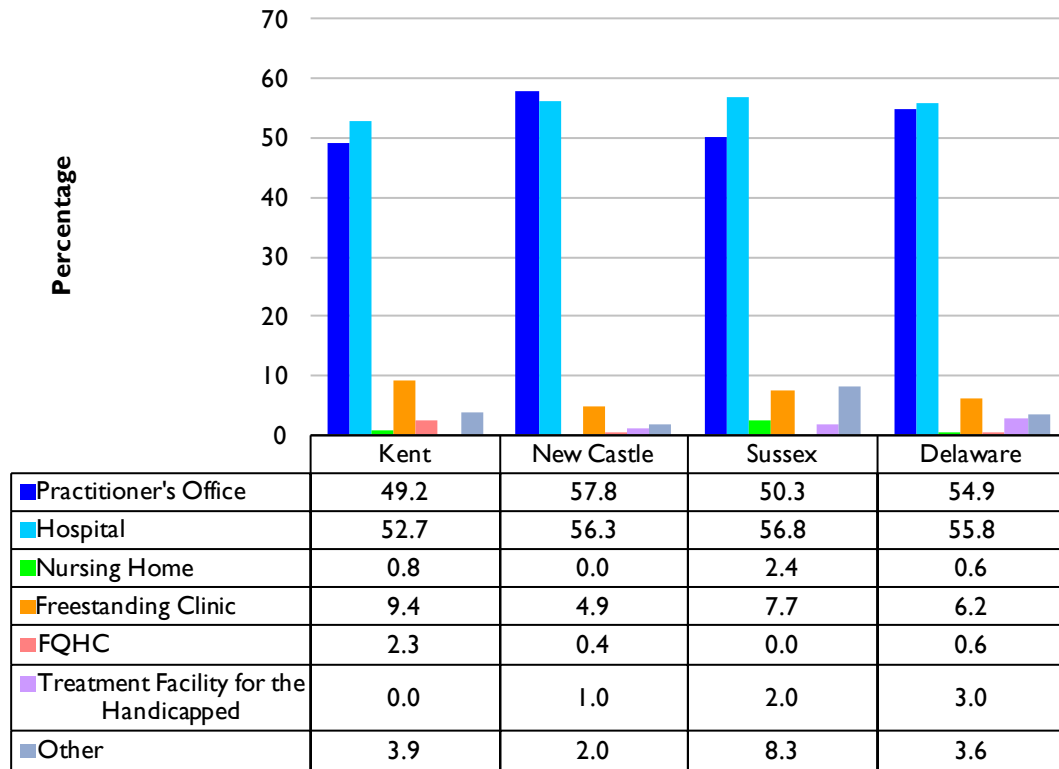
Figure 3.3
Salaried Type of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Specialist physicians were also asked to describe the clinical setting of their employment (Figure 3.4). It is important to note that the categories presented to respondents were not mutually exclusive. It was permissible to select more than one setting and many specialist physicians selected multiple options. More than 55 percent of specialist physicians in Delaware delivered direct patient care in hospitals. Using hospitals as the clinical care setting was most common among Sussex County specialists (56.8 percent); 52.7 percent of Kent County specialists also selected that setting.

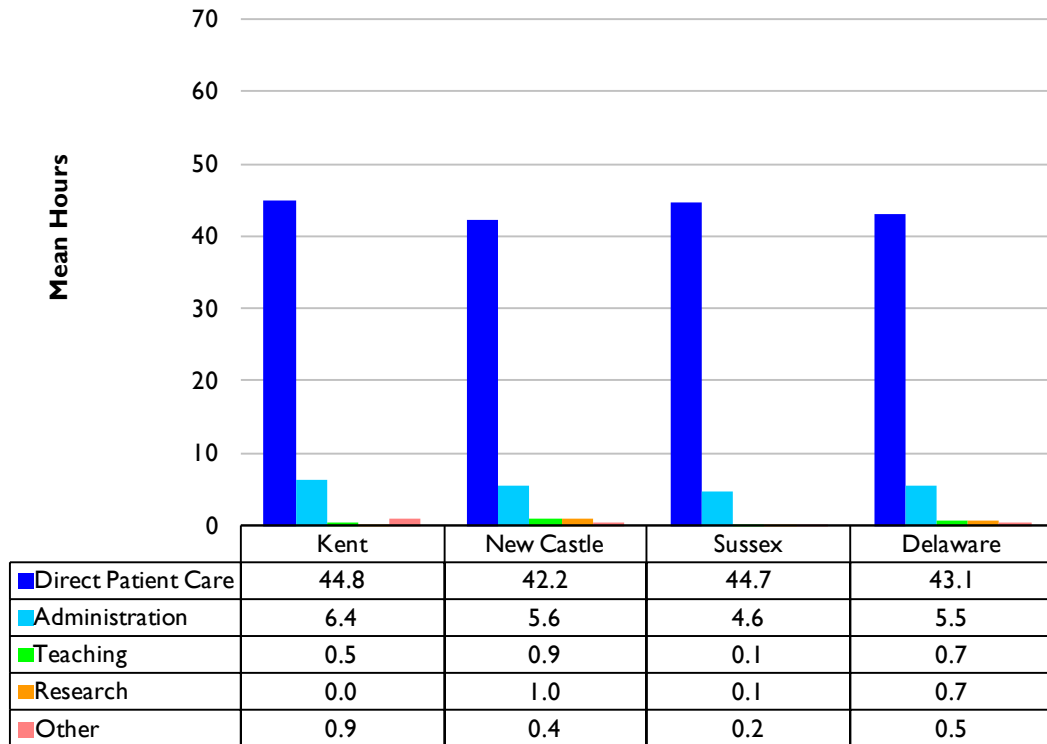
**Figure 3.4
Clinical Setting of Specialist Physicians
by County, Delaware, 2018**



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

About 54.9 percent of the specialist physicians respondents reported using practitioners' offices as the clinical care setting to deliver specialist patient care. This setting was most commonly cited in New Castle County (57.8 percent). About 6.2 percent of specialist physicians report freestanding clinics as the clinical setting where they deliver patient care.

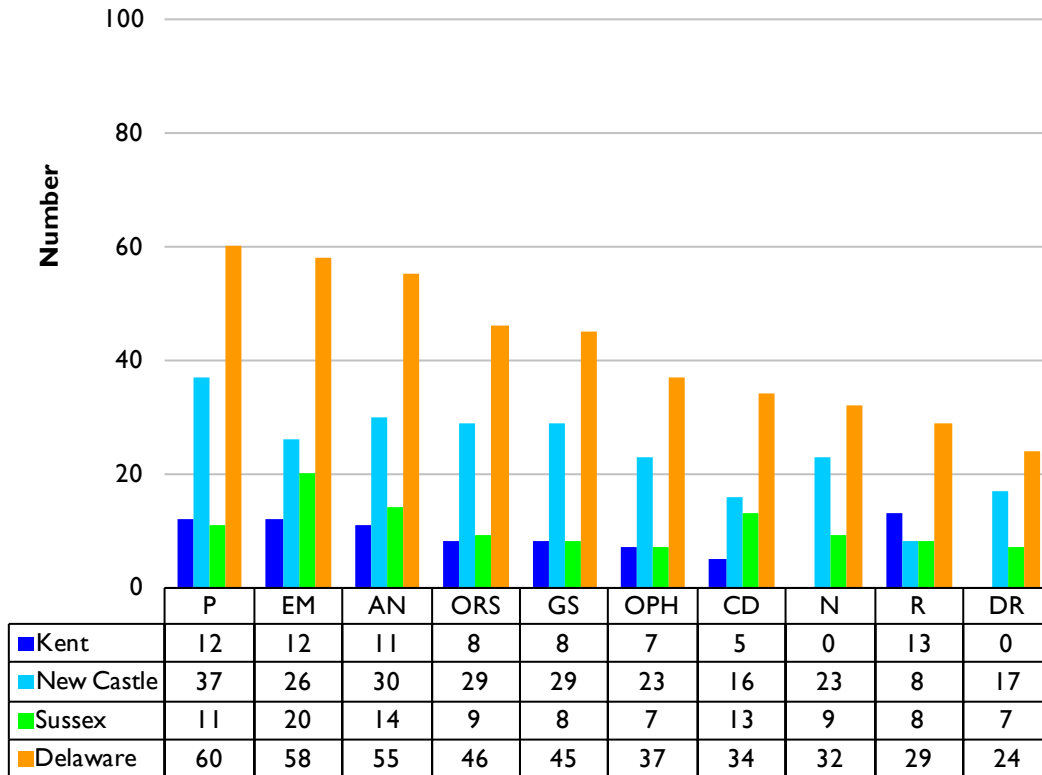
Figure 3.5
Mean Work Hours of Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

To calculate FTEs, physicians were asked to describe the way they distributed their time over a typical week. The categories included direct patient care, administration, teaching, research, and other (Figure 3.5). Generally, the responding specialist physician's work week slightly exceeded 50.5 hours. There was very little variation by county. Not surprisingly, specialist physicians spend the dominant part of their week on direct care (43.1 hours on average). Administrative activities tend to take about 5.5 hours on average of the specialist physicians' time. On average, teaching, research, and other activities take up less than one hour each for the specialist in Delaware.

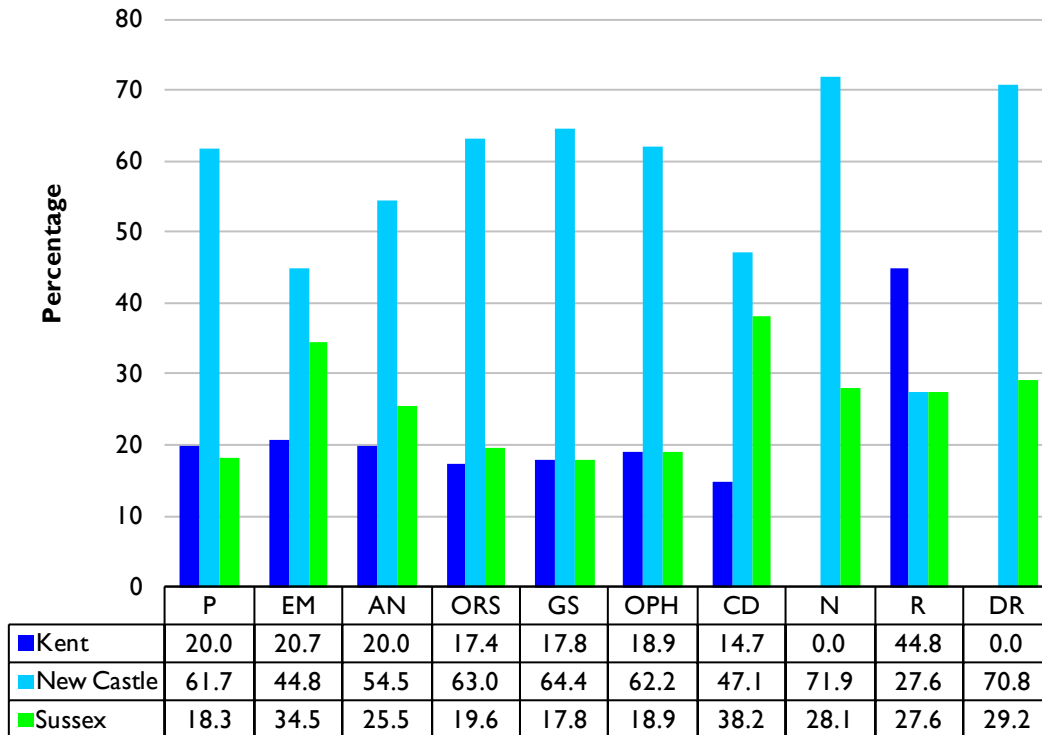
Figure 3.6
Number of Specialists (top 10) by Specialty
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Specialist physicians practice a number of specialties in Delaware. For comparison, Figure 3.6 presents the estimates for the top 10 specialties in Delaware by county and by FTEs. The top three specialties are psychiatry (60), emergency medicine (58), and anesthesiology (55). There are 46 orthopedic surgeons and 45 specialist physicians in general surgery in Delaware.

Figure 3.7
Percentage of Specialists (top 10) by Specialty
by County, Delaware, 2018



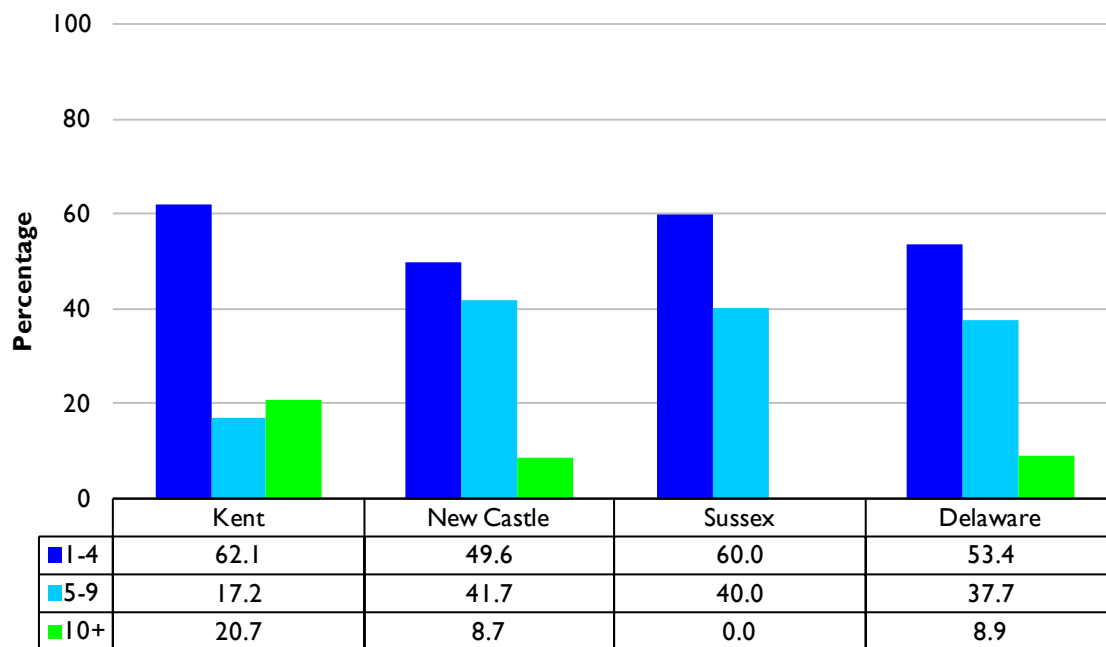
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

The distribution (across counties) of the top 10 specialty physicians is presented in Figure 3.7. The highest proportion of specialist physicians (among the top 10, by count) in New Castle County is the diagnostic radiologists; 70.8 percent are located in New Castle County. The lowest proportions of specialist physicians reported in New Castle County are those with a specialty in radiology (27.6 percent). Inversely, the highest proportion of specialists in Kent County (44.8 percent) is those with a specialty in radiology.

Membership in one or more managed care networks allows a specialist physician to extend services to a wider range of patients (Figure 3.8). The distribution of managed care network

membership varies among counties. Participation with up to four managed care networks is highest in Kent County (62.1 percent). Participation with between five and nine networks is highest in New Castle County (41.7 percent), while participation with 10 and more networks is highest in Kent County (20.7 percent).

Figure 3.8
Membership in Managed Care Networks by Specialist Physicians
by County, Delaware, 2018

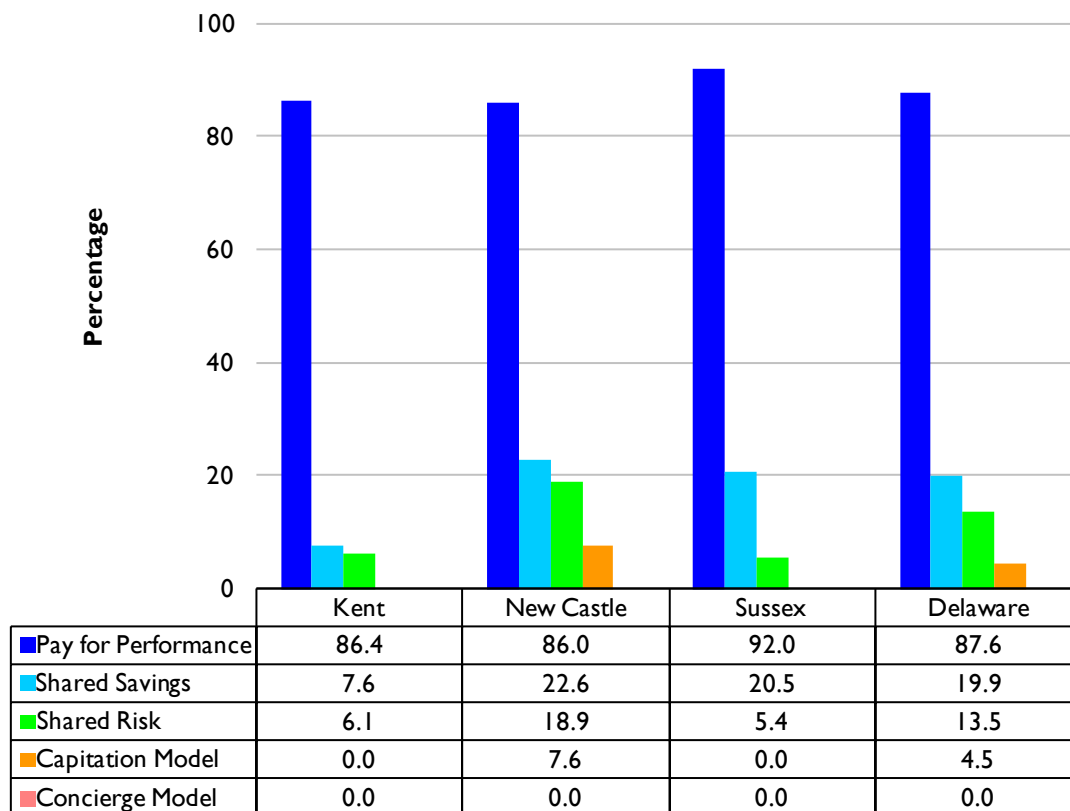


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

The 2018 survey included a new question to assess participation in value-based reimbursement payment methods (Figure 3.9). Some of these methods have been around for a while; others (concierge model) are just gaining recognition. While not out of the ordinary, about 69 percent of physician respondents completed this question. Out of those, 87.6 percent reported participating in pay-for-performance reimbursement, followed by shared savings (19.9 percent) and shared risk (13.5 percent). Next was participation in the capitation model, reported by 4.5 percent of specialist physicians. Our survey did not reach any specialists indicating participation in the concierge model. Sussex County

specialist physicians reported participation in pay-for-performance most frequently (92.0 percent), compared to specialist physicians in New Castle and Kent counties (86.4 percent and 86.0 percent, respectively). Specialist physicians in Kent County reported participating in the shared savings model (7.6 percent). While participation in a shared risk reimbursement model is 22.6 percent in New Castle County and 20.5 in Sussex County, it is much lower (7.6 percent) among specialist physicians in Kent County.

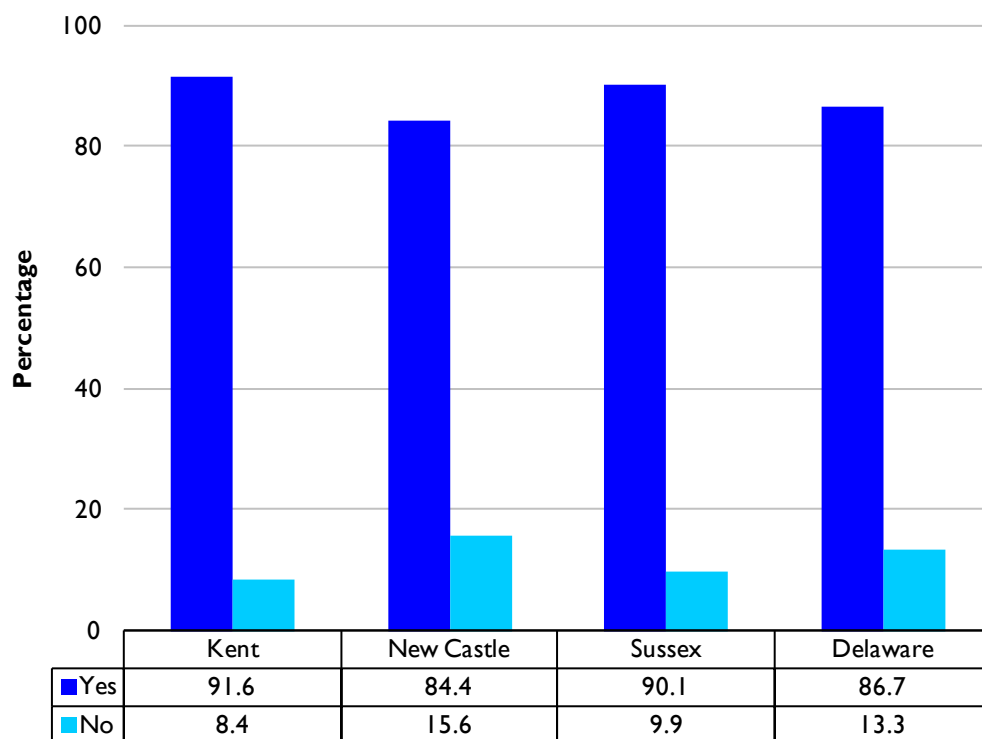
Figure 3.9
Participation in Value Based Reimbursement Payment Methods by Specialist Physicians by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Respondents were asked to indicate their familiarity with, and interest in participating in, the Delaware Health Information Network (DHIN). DHIN is a public-private partnership that provides the organizational infrastructure to support a clinical information exchange across the State of Delaware. DHIN provides the secure, fast, and reliable exchange of health information among the many medical providers treating patients in the state.³ This partnership allows participating physicians throughout Delaware to access their patients' clinical health information housed at other facilities. Across Delaware, 86.7 percent of specialist physicians indicate awareness of DHIN (Figure 3.10). New Castle County specialist physicians reported the lowest awareness of DHIN (84.4 percent).

Figure 3.10
Awareness of the Delaware Health Information Network by Specialist Physicians
by County, Delaware, 2018

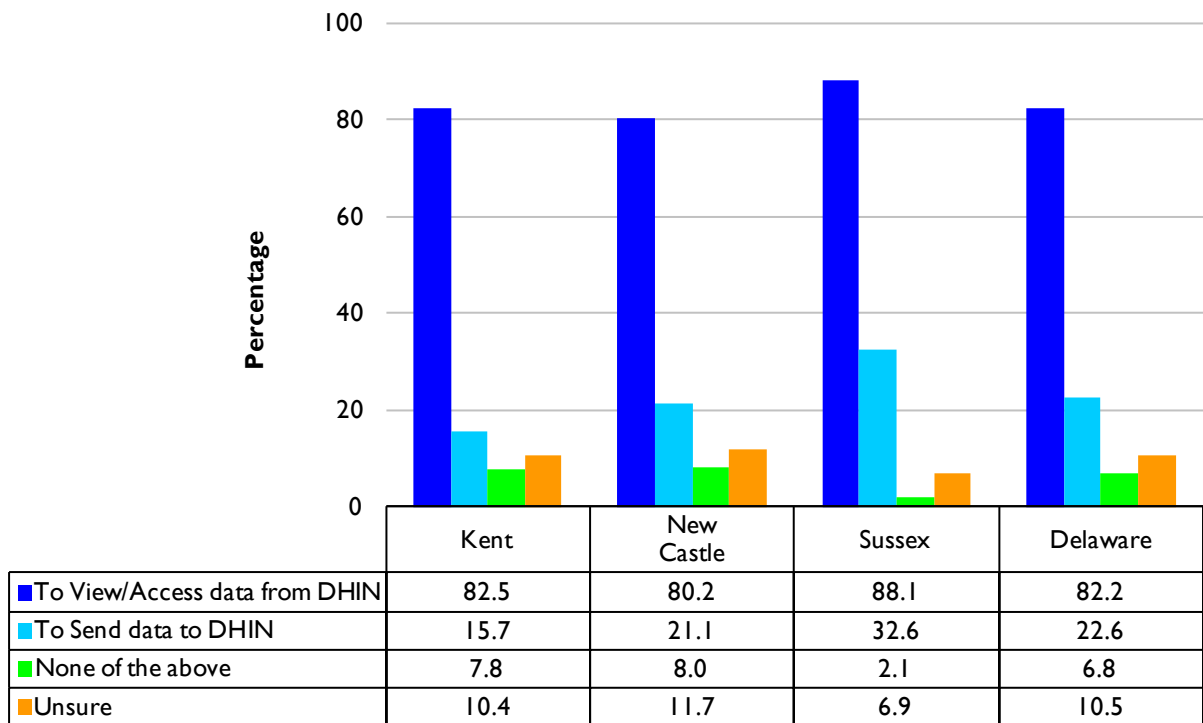


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

³ About DHIN, <https://dhin.org/about/>, Accessed September 29th, 2018

The 2018 survey asked specialist physicians aware of DHIN a new question about how their offices participate in the network (Figure 3.11). Across Delaware, 82.2 percent of specialist physicians use DHIN to view/access patient data. About 22.6 percent of specialist physicians report sending patient data to DHIN; 6.8 percent of specialist physicians do not view/access or send data to DHIN. Additionally, about 10.5 percent of specialist physicians responded not being aware how their offices use DHIN. Sussex County specialist physicians aware of DHIN are more likely (88.1 percent) to view and/or access patient data from DHIN than physicians from Kent County (82.5 percent) and New Castle County (80.2 percent). The highest proportion of physicians reporting that they sending data to DHIN was in Sussex County (32.6 percent).

Figure 3.11
Use of the Delaware Health Information Network by Specialist Physicians
by County, Delaware, 2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

Figure 3.12
Full-Time Equivalent Specialist Physicians
by County, Delaware, 2018

Specialty*	Kent	New Castle	Sussex	Delaware
A	0	0	2	2
ADM	0	1	0	1
AI	3	14	0	17
AN	11	30	14	55
APM	1	0	2	3
AS	0	2	0	2
ATP	3	2	0	5
CCM	0	4	2	6
CCP	0	3	0	3
CD	5	16	13	34
CDS	0	2	3	5
CG	0	2	0	2
CHN	3	2	0	5
CHP	3	8	0	11
CRS	0	2	2	4
D	0	10	9	19
DR	0	17	7	24
EM	12	26	20	58
END	3	7	4	14
FPG	1	0	3	4
FPS	0	2	0	2
GE	0	9	10	19
GS	8	29	8	45
HEM	3	5	0	8
HSO	0	2	2	4
ICE	0	4	0	4
ID	0	7	0	7
IMG	0	0	0	0
ISM	0	2	0	2
MFM	5	0	0	5
N	0	23	9	32
NEP	3	9	2	14
NM	0	2	0	2

Figure 3.12 (continued)
Full-Time Equivalent Specialist Physicians
by County, Delaware, 2018

NPM	0	4	0	4
NS	0	5	0	5
NSP	0	2	0	2
OAR	2	3	0	5
ON	0	4	0	4
OPH	7	23	7	37
ORS	8	29	9	46
OS	8	26	3	37
OSS	3	2	0	5
OT	0	2	0	2
OTO	3	11	4	18
OTR	0	1	0	1
P	12	37	11	60
PDC	0	7	0	7
PDE	0	5	0	5
PDR	0	1	0	1
PDS	0	5	0	5
PEM	0	1	0	1
PG	0	7	0	7
PHO	0	2	0	2
PM	3	15	4	22
PMD	0	5	0	5
PO	0	5	0	5
POO	0	4	0	4
POP	0	2	0	2
PPR	0	0	0	0
PS	0	9	0	9
PTH	3	4	0	7
PUD	3	0	2	5
PYG	0	2	0	2

Figure 3.12 (continued)
Full-Time Equivalent Specialist Physicians
by County, Delaware, 2018

R	13	8	8	29
RHU	2	2	0	4
RNR	0	2	3	5
RO	0	5	3	8
TS	5	5	0	10
U	0	17	5	22
VIR	0	7	0	7
VS	0	2	3	5

***For the meaning of abbreviations see the last page of the survey instrument in the Appendix**

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Primary Care & Specialist Physicians Survey 2018

APPENDIX



DELAWARE PRIMARY CARE & SPECIALIST PHYSICIANS SURVEY 2018

Commissioned by Delaware Health and Social Services

(#CADSRID#)

INSTRUCTIONS

- **Mail your completed form** in the attached prepaid envelope or send 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 2013, point your browser to:

<http://www.cadsr.udel.edu/projects/DOCUMENTS/phy1302.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 46**)
- 5 No, inactive (**GO TO QUESTION 46**)
- 6 No, other (*specify*): _____ (**GO TO QUESTION 46**)
- 7 Not practicing in Delaware (**GO TO QUESTION 46**)

IF RETIRED, INACTIVE, OTHER, OR NOT PRACTICING IN DELAWARE, PLEASE SKIP TO QUESTION 46 ON PAGE 5.

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 main 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 main employment? (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 Hospital
 - 5 Other Non-Government Employer (school, etc.)
 - 6 Federal Government
 - 7 Federally Qualified Health Center
 - 8 State Government (public health, etc.)
 - 9 Other (specify): _____

6. In which of the following network based organizations do you currently participate? (check all that apply):

- 1 Independent Practice Association (IPA)
- 2 Physician Hospital Association (PHA)
- 3 Accountable Care Association (ACO)
- 4 Patient Centered Medical Home (PCMH)

7. What are the practice name, facility name, address and zip code for your main location in Delaware where you practice medicine? (Main location defined as the location where you spend most time delivering care)

Practice Name (example: Bear-Glasgow Dental)

Facility Name (People's Plaza)

Street Address

City State ZIP code

QUESTIONS BELOW PERTAIN TO YOUR MAIN LOCATION IN DELAWARE ONLY

8. What type of site is the above main 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 you practice 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

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 GO TO QUESTION 29 ON PAGE 4, OTHERWISE COMPLETE THE FOLLOWING:

10. 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 Code:	Hours of Direct Care per Week:
Internal Medicine (IM)	_____
Pediatrics (PD)	_____
General Practice (GP)	_____
Family Practice (FP)	_____
Obstetrics & gynecology (OB/GYN)	_____

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

- 1 Yes
- 2 No

12. 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

13. Do you practice geriatrics as a subspecialty?

- 1 Yes
- 2 No

14. Do you offer Saturday and/or Evening hours?

- Saturday
- 1 Yes
 - 2 No

If YES, how many Saturdays a month?

Saturdays per month

- Evening
- 1 Yes
 - 2 No

If YES, how many days a week?

Days per week

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	<input type="text"/>	1 <input type="checkbox"/> Not Applicable
	Days	
Existing Patients	<input type="text"/>	1 <input type="checkbox"/> Not Applicable
	Days	

16. Do you provide SAME DAY appointments for existing patients who call for a sick appointment?

1 Yes
2 No

17. Are you currently accepting new patients?

1 Yes
2 No

18. On average, what percentage of your time is spent delivering primary care to migrant farm workers? (chose one number below):

1 <input type="checkbox"/> 0%	5 <input type="checkbox"/> 40%	9 <input type="checkbox"/> 80%
2 <input type="checkbox"/> 10%	6 <input type="checkbox"/> 50%	10 <input type="checkbox"/> 90%
3 <input type="checkbox"/> 20%	7 <input type="checkbox"/> 60%	11 <input type="checkbox"/> 100%
4 <input type="checkbox"/> 30%	8 <input type="checkbox"/> 70%	

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

1 <input type="checkbox"/> 0%	5 <input type="checkbox"/> 40%	9 <input type="checkbox"/> 80%
2 <input type="checkbox"/> 10%	6 <input type="checkbox"/> 50%	10 <input type="checkbox"/> 90%
3 <input type="checkbox"/> 20%	7 <input type="checkbox"/> 60%	11 <input type="checkbox"/> 100%
4 <input type="checkbox"/> 30%	8 <input type="checkbox"/> 70%	

20. On average, what percentage of your time is spent delivering primary care to patients who are charged on a sliding fee scale based on the patient's family income? (please chose one number, below):

1 <input type="checkbox"/> 0%	5 <input type="checkbox"/> 40%	9 <input type="checkbox"/> 80%
2 <input type="checkbox"/> 10%	6 <input type="checkbox"/> 50%	10 <input type="checkbox"/> 90%
3 <input type="checkbox"/> 20%	7 <input type="checkbox"/> 60%	11 <input type="checkbox"/> 100%
4 <input type="checkbox"/> 30%	8 <input type="checkbox"/> 70%	

21. 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 <input type="checkbox"/> APN	4 <input type="checkbox"/> Other
2 <input type="checkbox"/> CNM	5 <input type="checkbox"/> None (GO TO QUESTION 23)
3 <input type="checkbox"/> PA	

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

1 <input type="checkbox"/> 0%	5 <input type="checkbox"/> 40%	9 <input type="checkbox"/> 80%
2 <input type="checkbox"/> 10%	6 <input type="checkbox"/> 50%	10 <input type="checkbox"/> 90%
3 <input type="checkbox"/> 20%	7 <input type="checkbox"/> 60%	11 <input type="checkbox"/> 100%
4 <input type="checkbox"/> 30%	8 <input type="checkbox"/> 70%	

Questions 23 through 28 are about long acting reversible contraceptives (LARCs), which include intrauterine devices (IUDs) and contraceptive implants (e.g. Nexplanon).

They refer to your female patients of reproductive age. Please answer these questions based on your experiences as a physician in your main Delaware practice site over the past year.

23. Which of the following have you provided for patients under your care during the last year? (check all that apply):

- 1 Insertion of IUDs
- 2 Removal of IUDs
- 3 Insertion of contraceptive implants (e.g. Nexplanon)
- 4 Removal of contraceptive implants (e.g. Nexplanon)
- 5 Same day insertion of IUDs or implants (LARCs)
- 6 Same day removal of IUDs or implants (LARCs)
- 7 Contraception other than IUDs and implants
- 8 Contraceptive counseling
- 9 Referral for patients seeking IUDs and implants (LARCs)
- 10 None of the above (GO TO QUESTION 29)

24. When do you ask female patients of reproductive age if they are interested in getting pregnant within the next year? (check one)

- 1 At every visit
- 2 Only at well visits
- 3 Only at reproductive health visits
- 4 When the patient brings it up
- 5 Rarely or never

25. When talking with patients about contraception, when do you most commonly discuss LARCs? (check all that apply):

- 1 When the patient asks about it
- 2 When the patient is not currently using a method
- 3 When the patient is currently using a method other than LARC
- 4 When the patient is an adolescent
- 5 Whenever a patient expresses a desire to avoid pregnancy

26. Have you participated in a training on Long Acting Reversible Contraceptives (LARCs) and family planning offered through Upstream USA's Del-CAN program?

- 1 Yes (GO TO QUESTION 29)
- 2 No
- 3 Unsure

27. Which of the following limits or barriers to providing same day LARC insertion for your patients have you experienced? (check all that apply):

- 1 Time constraints
- 2 Inadequate training in LARC insertion or removal
- 3 Inadequate experience with LARC insertion or removal
- 4 My patients prefer other contraceptive methods
- 5 My patients have concerns about side effects of LARCs
- 6 Difficulties with billing for LARCs
- 7 Staffing or workflow limitations that make same day insertion difficult
- 8 Difficulties with maintaining inventory
- 9 Other reason (specify):

28. Which of the following changes have you noticed over the last two years? (check all that apply):

- 1 I have noticed an increase in the number of women seeking LARCs
- 2 I have noticed an increase in the number of women seeking other family planning methods
- 3 I have noticed an increase in the number of LARCs I have inserted for patients
- 4 I have noticed a decrease in the number of women seeking LARCs
- 5 I have noticed a decrease in the number of women seeking other family planning methods
- 6 I have noticed a decrease in the number of LARCs I have inserted for patients
- 7 I have not noticed a change in the number of women seeking LARCs
- 8 I have not noticed a change in the number of women seeking other family planning methods

29. 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 care to MEDICAID patients at this site? (please chose one number, below)

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

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

- 1 Yes
- 2 No

31. 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 care to MEDICARE patients at this site? (please chose one number, below)

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

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

- 1 Yes
- 2 No

33. Do you treat patients who have difficulty understanding English?

- 1 Yes
- 2 No

If YES, about what percentage of your time is spent delivering care to these patients?

Percent

34. Do you personally 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 4 Sign Language
- 2 French 5 Other (specify):
- 3 Arabic

35. Are there medical professionals (other than yourself) 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 4 Sign Language
- 2 French 5 Other (specify):
- 3 Arabic

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

38. 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

39. Do you allow patients to negotiate charges for services rendered?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

41. In which of the following value based reimbursement payment methods do you currently participate? (check all that apply):

- 1 Pay for Performance
- 2 Shared Savings
- 3 Shared Risk
- 4 Capitation Model
- 5 Concierge Model

42. Do you have a Delaware business license?

- 1 Yes
- 2 No

43. Does your office currently use Electronic Health Records (EHR) for your patients?

- 1 Yes
- 2 No

If NO, do you expect to be using them by the end of the year 2018?

- 1 Yes
- 2 No

If NO, why not?:

44. Are you aware of the Delaware Health Information Network (DHIN), a service that provides physicians electronic access to clinical health information from the majority of Delaware's hospitals and reference laboratories using one standard format?

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

45. How does your office currently use DHIN? (check all that apply):

- 1 To view/access data from DHIN
- 2 To send data to DHIN (using EMR)
- 3 None of the above
- 4 Unsure

46. Do you expect to be active in clinical medicine in Delaware 5 years from now? (Complete questions 46-54 even if you are currently not active in Delaware)

- 1 Yes
- 2 No
- 3 Unsure

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

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

State (country if applicable)

48. From which medical school did you graduate?

Name of medical school

Year (YYYY)

State (country if applicable)

49. 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.)

50. 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):

51. Are you of Hispanic origin?

- 1 Yes
- 2 No

52. What is your gender?

- 1 Male
- 2 Female

53. What is your year of birth?

Year (YYYY)

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

Thank you for completing the 2018 PRIMARY CARE & SPECIALIST PHYSICIANS SURVEY

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 Hernatology/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)		