Pediatricians in Delaware 2021



Prepared for:

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May 2024

ACKNOWLEDGEMENTS

This report is made possible with funding from the U.S. Health Resources and Services

Administration State Primary Care Office Grant. 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.

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CITATION

Suggested Citation:

Delaware Department of Health and Social Services, Division of Public Health, Pediatricians in Delaware - 2021, May 2024

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EXECUTIVE SUMMARY

In 1995, the Delaware Department of Health and Social Services, Division of Public Health (DPH) began measuring the number and spatial distribution of primary care physicians practicing in Delaware. The objective was to identify medically underserved areas and understand any existing or developing trends that could impact the supply of primary care services. This summary report presents the results of the 2021 study as they relate to pediatricians¹. This report is the first time data is tabulated for pediatricians only in Delaware.

Until 2011, responses received would replace information supplied by the physician at an earlier date or, in the case of a first-time respondent, 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 the previous reports were based, contained information gathered from 1995 through 2008 from physicians who held a Delaware medical license and provided clinical medical services in Delaware. While that approach proved to produce reliable results over the years, it was discontinued in 2011. The impetus to abandon that approach was the need to create a data file, with the most recent survey responses and all personally identifiable information removed, for the federal shortage area designations system (ASAPS) operated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). Just like in 2011, 2013, and 2018, the 2021 estimates and results reported in this document are solely based on the responses obtained during the most recent data collection period (2021).

Data collection for the current report took place between fall 2020 and spring 2021. The list of licensed physicians obtained from the Division of Professional Regulation contained 6,000 unique entries. Researchers excluded one inactive provider and 11 on probation, resulting in 5,988 unique entries. Of these, 2,482 have Delaware addresses, but it does not mean they are active or have a Delaware practice. Similarly, physicians living in other states may have an active practice in Delaware. For the purposes of producing this report, 2,687 physicians were contacted. This includes all physicians with an active license

¹ Full reporting for the year 2021, which includes all primary care physicians, can be found in: Delaware Department of Health and Social Services, Division of Public Health, Primary Care Physicians in Delaware 2021, February 2022.

in Delaware with an address in Delaware (2,482) and physicians with an active license in Delaware reporting addresses with ZIP Codes adjacent to Delaware (205).

Physicians were first contacted with a pre-survey letter, followed by the first mailing of the survey instrument. In subsequent mailings, staff only contacted physicians who had not responded. Next, researchers sent non-respondents a reminder card, two more mailings of the survey instrument, and a final reminder card. Of those contacted, 799 respondents provided usable data for the survey. In addition, 161 mailings were returned as undeliverable and one licensed physician explicitly refused to answer. In one case, staff was informed that the physician had passed away.

After applying weights for non-respondents and considering the geographical distribution of licensed physicians, it was estimated that there were 865 primary care physicians and 221 pediatricians practicing in Delaware in 2021 (Figure 1).

Not all physicians practice full-time, and some practice full-time but do not provide direct patient care on a full-time basis. To provide a more realistic view of the availability of primary care physicians, full-time equivalents (FTE) were calculated. Full-time primary care physicians were defined as those who delivered care directly to patients for 40 or more hours per week. Anything less than 40 hours was considered less than full-time, and for every four hours less than 40, 0.1 FTE was deducted. After considering the number of hours worked, there were 660 FTE primary care physicians and 161 FTE pediatricians in 2021 (Figure 1).

This report examines select aspects of pediatric physicians and their practices that affect the availability of services. Of particular interest was the age distribution and diversity of these practitioners. The section on practice characteristics covers important issues such as patient appointment wait times and the acceptance of new patients. The final section explains the spatial distribution of pediatricians at the sub-county level in relation to the size and characteristics of the patient population aged 0 to 19.

RESULTS

After applying weights for non-respondents and considering the geographical distribution of licensed physicians, it was estimated that there were 865 primary care physicians and 221 pediatricians in Delaware in 2021. After considering the number of hours worked, there were 660 full-time equivalent (FTE) primary care physicians and 161 FTE pediatricians. (Figure 1).

In 2021, the youth population, ages 0 to 19 years of age, of Delaware was 238,215², meaning that there were approximately 1,480 children served by each FTE pediatrician assuming that pediatricians were evenly distributed across Delaware. The county-specific estimates of children served by each FTE pediatrician were as follows: 1,987 for Kent County, 1,258 for New Castle County, and 1,985 for Sussex County. However, it is important to note that many physicians who were not specifically identified as pediatricians do provide pediatric services (Figure 2). Across Delaware, 54.5% of non-pediatric primary care physicians indicate that they offered pediatric care services to their patients.

Demographics

In 2021, approximately 63.4% of pediatricians in Delaware were female (Figure 3). The highest proportion of female pediatricians was in Sussex County (72.7%), followed by Kent County (69.6%) and New Castle County (60.3%). About 67.5% of pediatricians in Delaware were White (Figure 4), with variations between counties, and 21.3% were Black. The highest proportion of White pediatricians (75.9%) was reported in New Castle County. Around 7.5% of Delaware's pediatricians were Asian. The Hispanic population in Delaware currently accounted for approximately 6% of the total population³. Among pediatricians, 8.1% were Hispanic (Figure 5). The highest proportion of Hispanic pediatricians (15.4%) was found in Sussex County, while no Hispanic pediatricians reported in Kent County.

In terms of age, around 20.3% of pediatricians in the state were under 40 years old, while 6.3% were 65 years old or above (Figure 6) in 2021. The lowest proportion of pediatricians under 40 (13.6%) was in Kent County, followed by Sussex County (17.4%) and New Castle County (22.1%). The highest proportion of pediatricians aged 65 and above (13%) was in Sussex County, followed by New Castle and

² U.S. Census Bureau, American Community Survey

³ U.S. Census Bureau, American Community Survey

Kent counties (5.3% and 4.5% respectively). The highest proportion of pediatricians aged 50 and above was in Sussex County (73.9%), followed by Kent County (51%), and then New Castle County (38.9%). The high proportion of older pediatricians in Sussex and Kent counties was reflected in the uncertainty regarding their practice in the next five years (Figure 7). Among Sussex County's pediatricians, 20% indicated that they would not be practicing in five years. Additionally in 2021, about 18.2% of Kent County's pediatricians reported that they will not be practicing in five years. In New Castle County, the highest proportion (15.9%) was unsure if they will be practicing in five years.

Source

The future supply of pediatricians was equally important as the current number of providers. Around 62.3% of Delaware's pediatricians in 2021 came from the region (Figure 8), as measured by the state in which they resided at the time of their high school graduation (Delaware, Maryland, New Jersey, New York, Pennsylvania, and Other). Notably, 65.2% of Kent County's pediatricians indicated that they resided outside of the region, compared to Sussex and New Castle counties (50% and 28.3%, respectively). Around 13.6% of Delaware's pediatricians came from Delaware (comparable to about 17.6% for all primary care physicians). Interestingly, no pediatricians who reported from Kent and Sussex counties indicated that they came from Delaware. Around 43.8% of pediatricians who were actively practicing in the state in 2021 received their medical degrees outside of the region (Figure 9), with the important caveat that there was not a medical school in Delaware. Sussex County stood out, as 48% of that county's pediatricians received their education outside of the region. As expected, Pennsylvania was the most frequently reported state in the region where Delaware's pediatricians received their training.

Medical residency had an impact on the choice of practice location. For the state in 2021, 31% of Delaware's pediatricians completed their residency in Delaware (Figure 10). However, differences can be observed among counties. New Castle County's pediatricians stood out, as 38.9% indicated they completed a residency in the state. No pediatrician reporting from Kent County indicated that they completed their residency in Delaware. About 3.7% of pediatricians reporting from Sussex County completed their residency in Delaware. This high proportion of Delaware residencies among New Castle County pediatricians replicated the pattern that exists among all primary care physicians (not pictured here).

Practice Characteristics

While the number of pediatricians and FTE counts provided an approximation of pediatric care availability across Delaware's counties in 2021, it is important to further examine this nominal availability. Overall, 96.3% of Delaware's pediatricians indicated that they accept new patients (Figure 11). The lowest proportion of pediatricians (92.3%) who were accepting new patients was in Sussex County, followed by Kent County (95.7%) and New Castle County (97.6%). All pediatricians from Kent and Sussex counties were accepting new Medicaid patients, while approximately 98% of pediatricians from New Castle County reported accepting new Medicaid patients. Across the state in 2021, all pediatricians treated Medicaid patients (Figure 12). On average, Delaware's pediatricians indicated that they spent around 44.6% of their time delivering care to Medicaid patients (Figure 13). However, there were differences among counties. Pediatricians in Kent and New Castle counties reported spending about 43.7% and 40.4% of their time serving Medicaid patients, while pediatricians in Sussex County reported spending about 63.5% of their time serving Medicaid patients.

The real availability of pediatric care was also influenced by the average wait time. In 2021 on average, Delaware's pediatricians reported an 8.8-day wait time for new patients and a 7.4-day wait time for established patients for routine non-emergency office visits (Figure 14). Variations existed between counties, with the highest wait times for new and established patients observed in New Castle County (9.5 days and 9.4 days, respectively). Sussex County pediatricians reported the shortest waiting times for both new and established patients.

Additionally, the use of non-physician resources (Advanced Practice Nurse, Certified Nurse Midwife, and Physician Assistant) can potentially increase the number of patients that an office can see. Over the past 20 years, there was an increase in the use of non-physician resources by Delaware's primary care physicians⁴. In 1998, approximately 60% of primary care physicians indicated not using any non-physician resources, whereas in 2021, about 38% of primary care physicians do not use those resources.

Delaware Department of Health and Social Services
Division of Public Health - Office of Healthcare Provider Resources

⁴ Full reporting for the year 2021, which includes all primary care physicians, can be found in: Delaware Department of Health and Social Services, Division of Public Health, Primary Care Physicians in Delaware 2021, February 2022

Delaware pediatricians, however, used non-physician resources at a higher frequency in 2021; only about 26.7% of them indicated not using non-physician resources (Figure 15).

Spatial Distribution

The federal government acknowledges 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 include counties, parts of counties, and even neighborhoods within metropolitan areas with a strong identity and a population minimum of 20,000⁵. Although the MUA/MUP designation is not specific to pediatricians, it is useful to use Census County Divisions (CCD) as rational service areas. CCDs are geographic areas designated by the U.S. Bureau of Census and are sub-areas of counties.

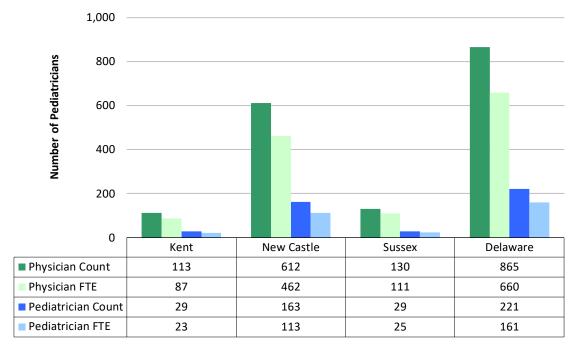
In 2021, Delaware had a total of 27 CCDs. Pediatricians were unevenly distributed across the state, with reports that came from 17 of the CCDs and nothing reported from 10 CCDs. The practice sites from which pediatricians reported were likely associated with a CCD that had a hospital or was adjacent to a CCD with a hospital. In 2021, areas underserved by pediatricians were southern Kent County and southern Sussex County; in these areas no pediatricians were present, or the proportion of youth (ages 0 to 19) was higher than the surrounding areas. The distribution of pediatricians in Kent and Sussex counties suggested that children in need of pediatrician services may have had to travel. (Figure 16.) Figure 16 displays the ratio of population of youth (ages 0 to 19) to pediatrician.

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⁵ 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 an HPSA. To be classified as an MUP, an index of primary care shortage (IPCS) is calculated using several 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.

FIGURES

Figure 1: Number of Pediatricians and Full-Time Equivalent (FTE) Pediatricians, by County and State, Delaware, 2021



County/State

Figure 2: Percentage of Primary Care Physicians that Provided Pediatric Services, by County and State, Delaware, 2021



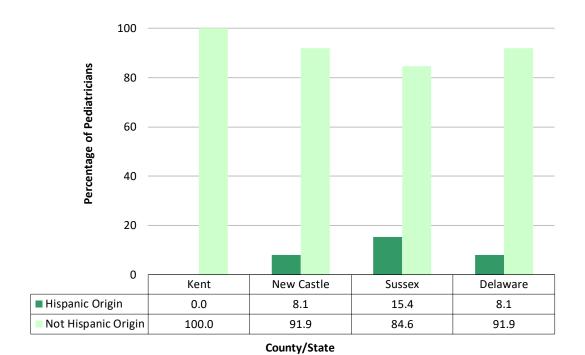
100 Percentage of Pediatricians 80 60 40 20 0 Delaware Kent New Castle Sussex ■ Male 30.4 39.7 27.3 36.6 Female 69.6 60.3 72.7 63.4

Figure 3: Percentage of Pediatricians, by Sex, County, and State, Delaware, 2021

100 Percentage of Pediatricians 60 40 20 0 Kent **New Castle** Sussex Delaware ■ White 34.8 75.9 60.0 67.5 Asian 26.1 5.4 0.0 7.5 Black 26.1 16.1 40.0 21.3 2.7 0.0 Other 13.0 3.8 County/State

Figure 4: Percentage of Pediatricians, by Race, County, and State, Delaware, 2021

Figure 5: Percentage of Pediatricians, by Hispanic Origin, County, and State, Delaware, 2021



100 Percentage of Pediatricians 80 60 40 20 0 New Castle Kent Sussex Delaware ■ Under 40 22.1 17.4 20.3 13.6 40-49 36.4 38.9 8.7 34.2 **50-64** 45.5 33.6 60.9 39.2 65 and above 4.5 5.3 13.0 6.3

Figure 6: Percentage of Pediatricians, by Age, County, and State, Delaware, 2021

Unsure

0.0

100 Percentage of Pediatricians 80 60 40 20 0 Kent **New Castle** Sussex Delaware ■ Yes 81.8 74.3 76.0 75.6 9.7 12.5 No 18.2 20.0

Figure 7: Percentage of Pediatricians Active in Five Years, by County and State, Delaware, 2021

County/State

15.9

Source: Delaware Primary Care & Specialist Physicians Study 2020/21

4.0

11.9

Figure 8: Percentage of Pediatricians, by State of High School Graduation and by Delaware and its Counties, 2021

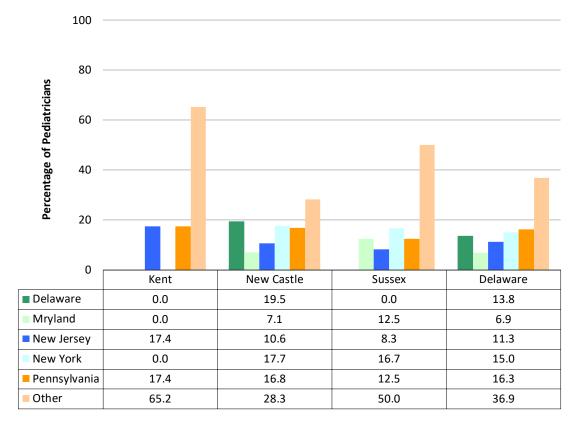
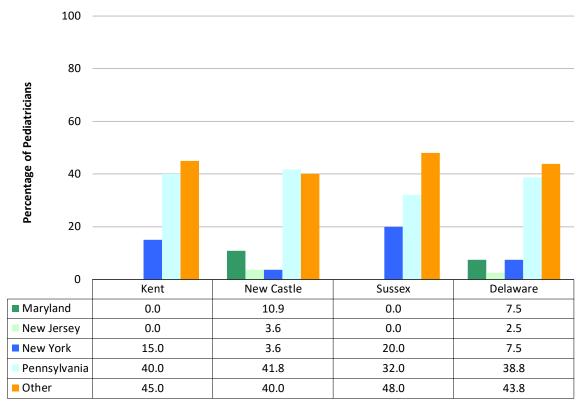


Figure 9: Percentage of Pediatricians, by State of Medical School Graduation and by Delaware and its Counties, 2021



Note: There was not a medical school in Delaware in 2021.

Figure 10: Percentage of Pediatricians, by State of Medical Residency and by Delaware and its Counties, 2021

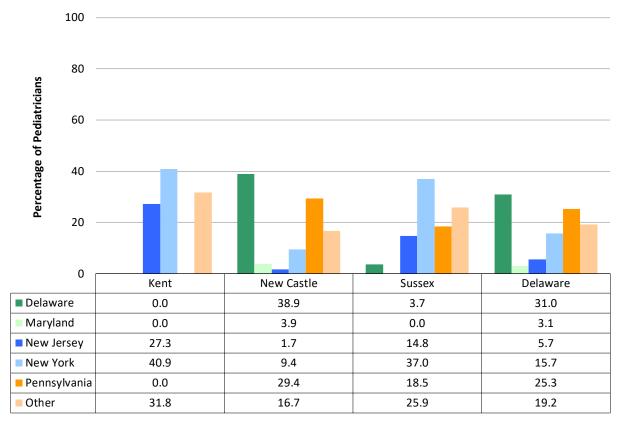


Figure 11: Percentage of Pediatricians Accepting New Patients, by County and State, Delaware, 2021

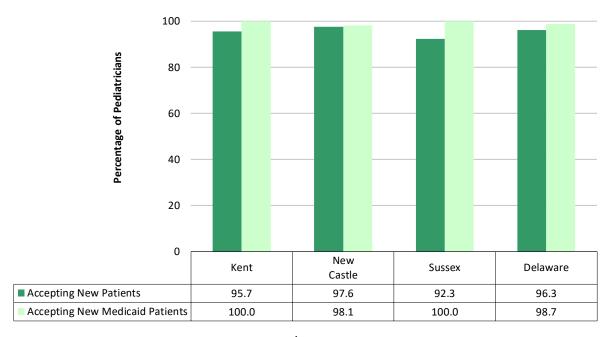


Figure 12: Percentage of Pediatricians Accepting New and Treating Medicaid Patients, by County and State, Delaware, 2021

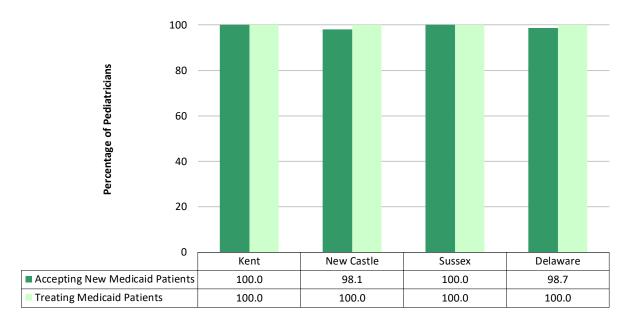


Figure 13: Average Percentage of Pediatricians' Working Time Spent Serving Medicaid and Self-Pay Patients, by County and State, Delaware, 2021

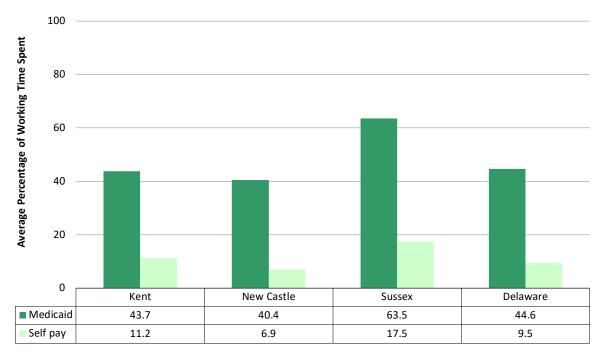


Figure 14: Average Wait Time by Number of Days for New and Established Patients reported by Pediatricians, by County and State, Delaware, 2021

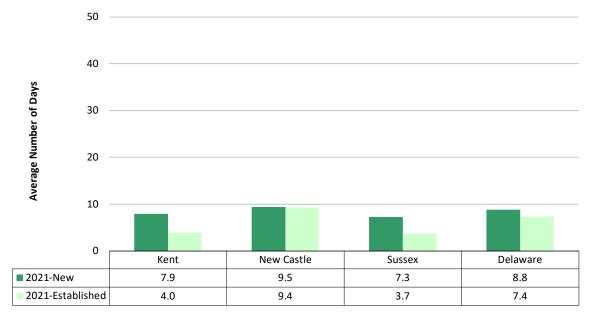


Figure 15: Percentage of Pediatricians by Type of Non-Physician Resources Used, County, and State, Delaware, 2021

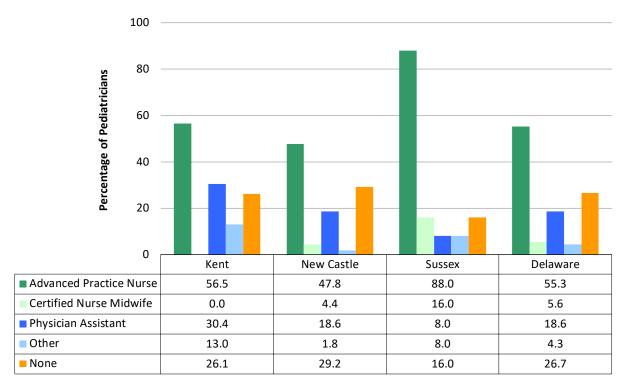
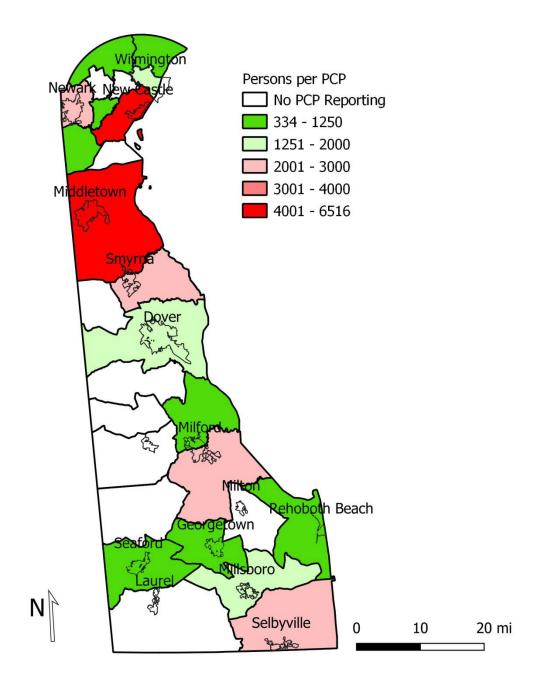


Figure 16: Number of Youth (ages 0 to 19) per Pediatrician, by Census County Division, Delaware, 2021



APPENDIX

PHYSICIAN - 2020v4 0



DELAWARE PRIMARY CARE & SPECIALIST PHYSICIANS STUDY 2020/21

Commissioned by Delaware Health and Social Services

(#ID#)

Page 1

NSTRUCTIONS	N	ST	RI	NC.	TIO	NS
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Mail your completed form in the attached prepaid envelope

University of Delaware Physician Capacity Study 2020-2021 292 Graham Hall Newark, DE 19716

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 University of Delaware Physician Capacity Study by emailing: tibi@udel.edu.

Use either a pen or pencil when completing the questionnaire

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.

4 Other University or College

2 Professional Association

1 Medical Research Institution or Establishment

Administrative Duties in a Managed Care Setting (e.g.: HMO, PPO, etc.)

 Manufacturing or Industrial Establishment

4 Miscellaneous Setting:

5 Other (specify):

If you would like to see a copy of the report based on the survey conducted in 2018, point your browser to: https://www.dhss.delaware.gov/dhss/dph/hsm/files/pcpinde2018.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	4. Setting of main employment is (check all that apply): Clinical Care Settings: Practitioner's Office (solo, partner of group practice)
(GO TO QUESTION 46) IF RETIRED, INACTIVE, OTHER, OR NOT PRACTICING IN	7 ☐ Other (<i>specify</i>): 2 ☐ Federal Health Facility: 1 ☐ Veterans' Administration (VA hospital)
DELAWARE, PLEASE SKIP TO QUESTION 46 ON PAGE 5.	2 Other (specify):
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):	3 ☐ School: 1 ☐ School-Based Health Clinic 2 ☐ Primary or Secondary School Site; School District 3 ☐ School of Medicine

State ZIP code

CONTINUE ON PAGE 2

3. On average, how many hours per week do you

. Hours - Direct patient care or services and related paperwork

Hours - Teaching medical courses

Hours - Research Hours - Other (specify):

Hours - Administration and related paperwork

spend on each of the following activities:

PHYSICIAN - 2020v4.0	Page 2		
5. Form of main employment? (check all that apply): Self-Employed:	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 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 Hours of Direct Specialty Code: 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		
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	12. Do you see pediatric patients at this site?		
8. What type of site is the above main location? Practice Office Clinic Property	3 G-10 year-olds 7 19-21 year-olds 4 11-13 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		
Board Certified	Evening 1 Yes 2 No If YES, how many days a week? Days per week		

CONTINUE ON PAGE 3

PHYSICIAN - 2020v4 0 Page 3 23. Which of the following have you provided for patients 15. When a patient calls your office to request a routine under your care during the last year? (non-emergency) appointment, what is the usual elapsed time between the request and the resulting (check all that apply): appointment for new and established patients (days)? 1 ☐ Insertion of IUDs 2 Removal of IUDs ■ Not Applicable New patients 3 Insertion of contraceptive implants (e.g. Days Nexplanon) Existing ■ Not Applicable Removal of contraceptive implants (e.g. Patients Nexplanon) Same day insertion of IUDs or implants (LARCs) 16. Do you provide SAME DAY appointments for existing patients who call for a sick appointment? 6 ☐ Same day removal of IUDs or implants (LARCs) ¬ □ Contraception other than IUDs and implants 8 Contraceptive counseling Referral for patients seeking IUDs and implants 17. Are you currently accepting new patients? 1 Yes 10 None of the above (GO TO QUESTION 29) 24 When do you ask female patients of reproductive age 18. On average, what percentage of your time is spent if they are interested in getting pregnant within the delivering primary care to migrant farm workers? next year? (check one) (chose one number below): □ 0% 4 30% 7 60% 8 70% 9 80% 1 At every visit 11 100% □ 10% 5 40% 6 50% 2 Only at well visits ₃ □ 20% 3 Only at reproductive health visits 19. On average, what percentage of your time is spent 4 When the patient brings it up delivering primary care to self-paying patients? 5 Rarely or never (chose one number below): □ 0% 4 30% 7 G 60% 8 70% 10 90% 25. When talking with patients about contraception, 5 40% 6 50% 11 100% 10% when do you most commonly discuss Long Acting Reversible Contraceptives (LARCs)? (check all that ₃ □ 20% 9 80% apply) 20. On average, what percentage of your time is spent □ When the patient asks about it delivering primary care to patients who are charged 2 When the patient is not currently using a method on a sliding fee scale based on the patient's family ₃ ☐ When the patient is currently using a method other income? (please chose one number, below): than LARC 4 30% 5 40% 6 50% 10 90% 11 100% 7 60% 8 70% 9 80% 0% 10% 4 ☐ When the patient is an adolescent ₃ □ 20% 5 Whenever a patient expresses a desire to avoid pregnancy 21. Does this site employ any non-physician clinicians: including advanced practice nurses (APN), certified 26. Have you participated in a training on LARCs and nurse midwives (CNM), physician assistants (PA) or Family planning offered through Upstream USA's similar advanced practitioners in primary care? Del-CAN program? (check all that apply): Yes No ☐ APN Other 2 CN 5 None (GO TO QUESTION 23) CNM 3 Unsure 27. Which of the following limits or barriers to providing 22. If non-physician clinicians are employed, what same day LARC insertion for your patients have you percentage of the practice is treated by them? experienced? (check all that apply): 4 □ 30% 60% 0% 10 90% 5 40% 6 50% 8 70% 9 80% 11 100% 1 Time constraints 10% 3 20% 2 Inadequate training in LARC insertion or removal ₃ ☐ Inadequate experience with LARC insertion or Questions 23 through 28 are about long acting reversible removal contraceptives (LARCs), which include intrauterine 4 My patients prefer other contraceptive methods devices (IUDs) and contraceptive implants (e.g. My patients have concerns about side effects of Nexplanon). They refer to your female patients of reproductive age. □ Difficulties with billing for LARCs Please answer these questions based on your √ Staffing or workflow limitations that make same experiences as a physician in your main Delaware day insertion difficult practice site over the past year. 8 Difficulties with maintaining inventory Other reason (specify):

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PHYSICIAN - 2020v4 0 Page 4 32. Are you accepting new MEDICAID patients at this 28. Which of the following changes have you noticed site? over the last two years? (check all that apply): ☐ Yes I have noticed an increase in the number of 2 □ No women seeking LARCs 33. Are you currently treating MEDICARE patients at this 2 I have noticed an increase in the number of women seeking other family planning methods site? 1 Yes 3 I have noticed an increase in the number of LARCs I have inserted for patients If YES, about what percentage of your total 4 I have noticed a decrease in the number of women hours is spent delivering care to MEDICARE seeking LARCs patients at this site? (please chose one 5 I have noticed a decrease in the number of women number, below) 1 0% 2 10% 3 20% ☐ 60% ☐ 70% 10 90% 11 100% seeking other family planning methods 4 ☐ 30% 5 ☐ 40% 6 ☐ I have noticed a decrease in the number of LARCs 9 80% 6 50% I have inserted for patients 7 I have not noticed a change in the number of 34. Are you accepting new MEDICARE patients at this women seeking LARCs site? 8 I have not noticed a change in the number of 1 Yes 2 No women seeking other family planning methods 29. Since the COVID-19 outbreak, have you changed your 35. Do you treat patients who have difficulty understanding use of telemedicine technologies in your clinical English? practice? (check one) 1 Yes I have <u>started</u> using telemedicine If YES, about what percentage of your time 2 I have increased the use of telemedicine is spent delivering care to these patients? 3 I have decreased the use of telemedicine 4 I have not started and will not use telemedicine Percent of telemedicine 36. Do you personally have the ability to communicate with patients in a language other than English? 6 Other 1 Yes 30. Since the COVID-19 outbreak, have you done or experienced any of the following as a result of If YES, which one? (check all that apply): COVID-19? (check all that apply) 4 ☐ Sign Language 5 ☐ Other (specify): Spanish French □ Closed my practice 2 ☐ Reduced staff ₃ ☐ Arabic 3 Increased staff 4 Experienced a reduction in income 37. Are there medical professionals (other than yourself) at this site who have the ability to communicate with patients in a language other than English? 6 Moved from direct patient to a non-patient care 1 2 ¬ □ Switched to a primarily telemedicine position. No If YES, which one? (check all that apply): Spanish French 4 ☐ Sign Language5 ☐ Other (specify): 9 Limited visits to reduce exposure 10 Experienced a lack of supplies 11 Clinicians in practice in Self-Quarantine 3 Arabic 12 Nursing staff in practice in Self-Quarantine 38. Do you provide charity care (no fee expected) inside 13 Front office staff in Self-Quarantine your office? 14 Experienced lack of space for sick 1 Yes 2 No 31. Are you currently treating MEDICAID patients at this site? 39. Do you provide charity care (no fee expected) outside 1 Yes your office? 1 Yes

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40. Do you offer flexible or installment payment plans,

period of time?

1 Yes 2 No

which would allow patients to pay for services over a

If YES, about what percentage of your total hours is spent delivering care to MEDICAID patients at this site? (please chose one

□ 60%

8 70%

9 🔲 80%

10 90%

11 100%

number, below)

6 □ 50%

30%

40%

0%

2 10%

₃ □ 20%

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Page 5 41. Do you allow patients to negotiate charges for 47. State (or country if applicable) of residence at time of services rendered? high school graduation. 2 No State (country if applicable) 42. Do you belong to a managed care provider network? 48. From which medical school did you graduate? If YES, how many different networks do Name of medical school Year (YYYY) you belong to? (number) State (country if applicable) 43. In which of the following value based reimbursement 49. Please indicate the hospital(s) and state(s) where you payment methods do you currently participate? did your residency (check all that apply): Pay for Performance Shared Savings Hospital name State (country if appl.) ☐ Shared Risk Capitation Model Hospital name State (country if appl.) 44. Do you have a Delaware business license? Hospital name State (country if appl.) 1 Yes 50. What is your race? 45. Considering your work over the past 12 months, Caucasian or White 2 African American or Black
3 Native American or Alaskan indicate your level of agreement or disagreement with the following statements: Asian or Pacific Islander Disagree Strongly Disagree Agree Agree 6 ☐ Other (specify): It is hard adjusting my therapeutic 51. Are you of Hispanic origin? strategies with ethnic minority clients 1 Yes I am effective in my verbal communication with clients whose culture is different from mine 52. What is your gender? I feel confident that I can learn about П 1 Male
2 Female my clients' cultural background I am effective in my nonverbal communication with clients whose 53. What is your year of birth? culture is different from mine I feel that I have limited experience working with ethnic minority clients Year (YYYY) It is difficult to practice skills related to cultural competence 54. If you have any comments, please feel free to include I do not feel that I have the skills to them in the space provided below. provide services to ethnic minority clients I would find it easy to work competently with ethnic minority clients 46. Do you expect to be active in clinical medicine in Delaware 5 years from now? (Complete questions 46-55 even if you are currently not active in Delaware) ☐ Yes Thank you for completing the survey No Unsure Return the completed form to: If NO, or UNSURE, what are the main reasons you might not be practicing in University of Delaware Delaware? Physician Study 2020/21 292 Graham Hall Newark, DE 19716

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	AMA Se	elf-Desi	gnated Practice Special	ty Code	es
		(Listed a	Iphabetically by specialty name	e)	
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
DAR	Adult Reconstructive Orthopedics	FPG	Geriatric Medicine (Family Practice)	PEM	Pediatric Emergency Medicine
AM.	Aerospace Medicine	IMG	Geriatric Medicine (internal Medicine)	PDE	Pediatric Endocrinology
4	Allergy	PYG	Geriatric Psychiatry	PG	Pediatric Gastroenterology
AI	1000 - C 1000 - 1 - 1 - 1 - 1				Pediatric Hematology/Oncology
NI .	Allergy & Immunology Allergy & Immunology/Clinical and	GYN	Gynecology	PHO	Pediatric Hematology/Oncology
LI	Laboratory Immun.	GO	Gynecological Oncology Hand Surgery (Orthopedic	PN	Pediatric Nephrology
PTH	Anatomic/Clinical Pathology	HSO	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
CE	Cardiac Electrophysiology	IG	Immunology	PPR	Pediatric Rheumatology
CD	Cardiovascular Disease	PIP	Immunopathology	NSP	Pediatric Surgery (Neurology)
DS	Cardiovascular Surgery	ID	Infectious Disease	PDS	Pediatric Surgery (Surgery)
		IM	Internal Medicine	UP	
CH	Chemical Pathology				Pediatric Urology
HP	Child and Adolescent Psychiatry	LM	Legal Medicine	PD	Pediatrics
HN	Child Neurology	MFM	Maternal & Fetal Medicine	PM	Physical Medicine & Rehabilitation
EIG	Clinical Biochemical Genetics	MG	Medical Genetics	PS	Plastic Surgery
CCG	Clinical Cytogenetics	MM	Medical Microbiology	Р	Psychiatry
CG	Clinical Genetics	ON	Medical Oncology	PYA	Psychoanalysis
DL	Clinical and Laboratory Dermatological Immunology	ETX	Medical Toxicology (Emergency Medicine)	PH	Public Health and General Preventive Medicine
_1	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
N	Clinical Neurophysiology	NPM	Neonatal-Perinatal Medicine	R	Radiology
CLP	Clinical Pathology	NEP	Nephrology	RIP	Radioisotopic Pathology
PA	Clinical Pharmacology	N	Neurology	REN	Reproductive Endocrinology
RS	Colon & Rectal Surgery	NS	Neurological Surgery	RHU	Rheumatology
	Critical Care Medicine	67.5770			Sports Medicine (Emergency
CCA	(Anesthesiology) Critical Care Medicine (Internal	NP	Neuropathology	ESM	Medicine)
CCM	Medicine) Critical Care Medicine (Neurological	RNR	Neuroradiology	F.3M	Sports Medicine (Family Practice)
INC	Surgery) Critical Care Medicine (Obstetrics &	NM	Nuclear Medicine	ISM	Sports Medicine (Internal Medicine) Sports Medicine (Orthopedic
CC	Gynecology)	NR	Nuclear Radiology	OSM	Surgery)
CP	Cytopathology	NTR	Nutrition	PSM	Sports Medicine (Pediatrics) Surgery of the Hand (Plastic
)	Dermatology	OBS	Obstetrics	HSP	Surgery)
OMP	Dermatopathology	OBG	Obstetrics & Gynecology	HSS	Surgery of the Hand (Surgery)
AIC	Diabetes	OM	Occupational Medicine	CCS	Surgical Critical Care (Surgery)
R	Diagnostic Radiology	OPH	Ophthalmology	TS	Thoracic Surgery
M	Emergency Medicine	ORS	Orthopedic Surgery	TRS	Traumatic Surgery
ENID.	Endocrinology, Diabetes and	000	Orthopedic Surgery of the	1 18.4	Linderseen Madieir
ND	Metabolism	oss	Spine	LIM	Underseas Medicine
PS	Facial Plastic Surgery	OTR	Orthopedic Trauma	U	Urology Vascular and Interventional
P	Family Practice	ото	Otolaryngology	VIR	Radiology Other (i.e., a specialty other than
OP	Forensic Pathology	OT	Otology Pain Management	os	those appearing above)
3E	Gastroenterology	APM	Pain Management (Anesthesiology)		