

2011/12 WISCONSIN PHYSICIAN SURVEY QUESTIONNAIRE

Two versions of the survey were used, one (Survey A) in September-October 2011 and the other (Survey B) in January-February 2012. Survey B eliminated some redundant items, included a few additional questions, and the question order in the last section of the questionnaire was altered. Both surveys were administered only online. The questions were displayed somewhat differently than they appear in this abbreviated paper version. Survey logic was used to control required questions, validate responses to some items, and determine which follow-up questions should appear.

The following definitions were used in both surveys, embedded in the question as appropriate:

Active in medicine includes providing clinical services, conducting medical research, medical teaching, health care administration and other professional medical activities

Patient-related care includes clinical practice, related office work, communications with hospitals/physicians regarding patients and other related activities.

Primary care is defined as providing first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services, and appropriate referral(s).

The patient centered medical home is an approach to providing comprehensive primary care for children, youth and adults. It is a health care setting that facilitates partnerships between individual patients and their personal physicians, and, when appropriate, the patient's family. Joint principles of the patient-centered medical home, as endorsed by the AAFP, AAP, ACP and AOA are

- (1) ongoing patient relationship with a personal physician trained to provide first contact, continuous and comprehensive care;*
- (2) physician directed medical practice, leading a team of individuals at the practice level;*
- (3) whole person orientation;*
- (4) care coordinated and/or integrated across all elements of the complex health care system.*

In developing the Wisconsin questionnaire we consulted a variety of surveys from other states and national organizations:

Wisconsin Physician Profile Survey (DHFS, 2000 – the last year a survey was included with licensure)

Wisconsin Medical Society Survey, 2009

Wisconsin HPSA Online Survey Questions for Primary Care and Mental Health (provided by Anne Dopp in DHS)

Proposed Minimum Data Sets for Physicians, PAs and NPs (distributed at February 2011 State Health Care Workforce Development grantees meeting sponsored by the National Center for Health Workforce Analysis, Health Resources and Services Administration)

New York Physician Survey, 2009-2011 (New York State Education Department)

Massachusetts Physician Workforce Study (Massachusetts Medical Society, 2007 and 2010)

Michigan Survey of Physicians, Survey Findings 2009 (Michigan Department of Community Health)

Survey of Physicians Over 50 (American Medical Association and Association of American Medical Colleges)

Survey of Physicians Under 50 (American Medical Association and Association of American Medical Colleges)

Physician Survey on Primary Care (American Medical Association and Association of American Medical Colleges, 2009)

We are very grateful to these organizations, and other State Health Care Workforce Development grantees, for the assistance they provided in developing and testing the survey.

As with any survey, some questions worked better than others. For further information, please contact

Nancy Sugden

Director, Wisconsin AHEC Program

University of Wisconsin School of Medicine and Public Health

nasugden@wisc.edu

2011/12 WISCONSIN PHYSICIAN SURVEY ITEMS

[R] = required response item

[A only] = item appeared on Survey A only. Was revised or relocated for Survey B.

[B only] = item added for Survey B only.

The longer response item lists are grouped at the end of the survey.

INTRODUCTORY TEXT	
	<p>As part of the license renewal process, we request that you complete a questionnaire that will enable the Department of Workforce Development to prepare an accurate description of the physician workforce currently licensed to practice in Wisconsin. This information will provide a basis for preparing projections of the future supply of physicians in Wisconsin and will assist in identifying provider shortage areas.</p> <p>The questionnaire was developed by members of the Wisconsin Healthcare Workforce Data Collaborative (WHWDC), with assistance from the Wisconsin Council on Medical Education and Workforce (WCMEW) and the Wisconsin Medical Society. The questionnaire should take no more than 15 minutes to complete.</p> <p>Your responses to this questionnaire are restricted. This means that individually identifiable information will never be published (data will be reported to the public only in aggregate), but data sets may be released to qualified researchers who agree to protect individually identifiable information under formal data sharing and privacy agreements.</p> <p>Thank you!</p>

I. DEMOGRAPHIC	
Q1 [R]	What is your current status? 1=pt care in WI, 2=in WI but no pt care, 3=pt care only outside WI, 4=not working as physician
Q2a [R]	Where do you spend most of your time as a physician? 1=hospital, 2=office, 3=residential facility, 4=teaching, research, all other
Q2b [B only]	Did you change your practice location in the past year?
Q3 [R]	Are you currently enrolled in a post-graduate training program? 1=internship or residency, 2=fellowship, 3=no
Q4	What year of post-graduate training are you completing this year?
Q5	Survey A (Sept-Oct): <u>Including</u> this year, how many more years of post-graduate training do you plan to complete? Survey B (Jan-Feb): <u>After</u> this year, how many more years of post-graduate training do you plan to complete?
Q5b [B only]	Do you plan to seek a position in Wisconsin after completion of your residency or fellowship?
Q6 [R]	In what year were you born?
Q7 [R]	Gender 1=male, 2=female
Q8	Are you of Hispanic, Latino or Spanish background? 1=no, 2=Puerto Rican, 3=Mexican/Mexican American/Chicano, 4=Cuban, 5=Other Hispanic
Q9	Please indicate your racial/ethnic/cultural origins (check all that apply) [See list]
Q10	Are you able to communicate with patients in a language other than English? (check all that apply) [See list]
Q11	Where did you attend high school? (check all that apply) 1=In Wisconsin, 2=In another state in the U.S., 3=In another country

Q12	How would you describe the area where you grew up? 1=town or small city pop<50,000, 2=suburb in metro area, 3=city 50,000=500,000, 4=large city >500,000
Q13	What is your citizenship/visa status? 1=Native-born US, 2=naturalized US, 3=permanent resident, 4=temporary visa (H-1B), 5=Exchange visa (J-1), 6=J-1 visa waiver, 7=Other
Q14 [R]	Where do you reside at present? In Wisconsin (zip code)/Another state (zip code)/Canada/Another country (specify)
Q15	If you are living in Wisconsin, please indicate the county where your home is located.

II. EDUCATION and LICENSURE	
16 [R]	What is your medical degree? 1=MD, 2=DO, 3=MBBS/MBChB
17a [R]	Where did you complete your medical degree? 1=US, 2=Canada, 3=another country
17b [R]	In what state did you complete your medical degree?
18 [R]	At what institution did you complete your medical degree? 1=UW, 2=MCW, 3=other (specify)
19 [R]	In what year did you complete your medical degree?
20	In what year did you obtain your initial <u>U.S.</u> licensure? (If you can't remember exactly, please provide your best estimate.)
21	In what U.S. state were you first licensed?
22	<i>(number skipped)</i>
23	In addition to Wisconsin, in what other U.S. states are you <u>currently</u> licensed? Michigan, Illinois, Iowa, Minnesota, Other: (specify), Other: (specify), Other: (specify) I am licensed only in Wisconsin
24	<i>(number skipped)</i>
25 [R]	In what <u>general field</u> did you complete/are you completing your <u>initial</u> post-graduate training? [Used ACGME residency specialties; see list]
26a [R]	Where did you complete/are you completing your initial residency training? 1=In Wisconsin, 2=In another state, 3=In Canada, 4= in another country
26b	In what state did you complete/are you completing your initial residency training?
27 [R]	Have you done more than one residency, or a fellowship in addition to your residency? <i>(check all that apply)</i> 1=Yes, another residency, 2=Yes, a fellowship, 3=No
28a	Where did you complete/are you completing your <u>most recent</u> residency or fellowship? 1=In Wisconsin, 2=In another state, 3=In Canada, 4= in another country
28b	In what state did you complete/are you completing your <u>most recent</u> residency or fellowship?

III. PRACTICE SPECIALTY	
29 [R]	Please enter the three digit code for your principal practice specialty and secondary specialty (if applicable) from this list of medical practice specialties. Indicate whether you have completed a residency or fellowship in that specialty and whether you are board certified in that specialty. Principal practice specialty (See list of practice specialties for specialty codes) Residency or fellowship 1=Yes, 2=No, 3= In Progress Board certified 1=Yes, 2=No, 3=In Progress Secondary practice specialty (See list of practice specialties for specialty codes) Residency or fellowship 1=Yes, 2=No, 3= In Progress Board certified 1=Yes, 2=No, 3=In Progress

30	You indicated “other” as your specialty in the previous question. Please enter the title of that specialty on the appropriate line below. Other Principal Practice Specialty Other Secondary Practice Specialty
31	Approximately what percent of your patient care time is spent in the principal and secondary specialties you listed? Survey A asked only for % time in principal specialty] Survey B: Principal practice specialty Secondary practice specialty
Q32a	Are you currently practicing as a Hospitalist (specializing in the medical care of acutely ill hospitalized patients only)? 1=Yes, 2=No
Q32b [B only]	Are you currently practicing <u>only</u> as an Urgent Care physician? 1=Yes, 2=No
Q32c [B only]	Use this space if you wish to provide any additional details about your specialty:

IV. EMPLOYMENT STATUS	
33 [R]	Are you currently <u>active in medicine</u>*? (check only one) 1=Yes, full-time (≥32 hrs/wk), 2=Yes, part-time (<32 hrs/wk), 3=No, not currently active in medicine
34 [R]	[If NOT CURRENTLY ACTIVE IN MEDICINE] Please indicate your current work status (check only one) 1=retired, 2=permanently disabled, 3=working in another field & no plans to return, 4=unemployed, seeking work in medicine, 5=unemployed, seeking work in another field, 6=taking time out & planning to return
34b [B only]	[If RETIRED] At what age did you retire?
34c [B only]	[If RETIRED] Are you still involved in teaching health professions students or residents? 1=Yes, 2=No
34d [B only]	[RETIRED] Do you continue to provide clinical services as a volunteer at a free clinic or other location? 1=Yes, 2=No
34e [B only]	[If RETIRED and providing services as a volunteer] How many hours <u>per month</u> do you provide clinical services as a volunteer? Hours per month at locations in Wisconsin Hours per month at other locations
35	[If PLANNING TO RETURN TO MEDICINE] When are you most likely to return to the practice of medicine? 1=currently seeking a position, 2=return within 2 years, 3=return within 5 years, 4=plans uncertain
36 [R]	[If PLANNING TO RETURN TO MEDICINE] Do you plan to return to medicine <u>in Wisconsin</u>? 1=plan to return to pt care in WI, 2=plan to return to WI, but not pt care, 3=no immediate plans to return to WI
	All those not currently active in medicine per Q33 exit at this point.
37a&b [A only]	<i>(Questions incorporated in Section VI, Practice Locations)</i>
38a [B only]	[If ACTIVE IN MEDICINE] Do any of the following describe your current situation? (check all that apply) 1=Active duty military , 2=Working primarily as locum tenens physician, 3=Academic Practice , 4=None of the above

<p>A:38 B:38b [R]</p>	<p>[If ACTIVE IN MEDICINE] Do you provide patient care in Wisconsin? Please check the statement that best describes your patient care activity: 1=provide patient care in person at a location in Wisconsin [A only] 1a=maintain a regular patient care practice located in Wisconsin [B only] 1b=work in a neighboring state and see patients occasionally at locations in Wisconsin [B only] 2=provide patient care in WI both in person and via telemedicine [A only] 3= provide patient care in Wisconsin as a locum tenens [B only] 4=provide patient care in Wisconsin only for brief periods, as a camp physician or in a similar position [B only] 5= I provide patient care in Wisconsin only on a volunteer basis [B only] 6= I provide patient care in Wisconsin only via telemedicine, from a location outside the state 7= I do not provide patient care in Wisconsin</p>
<p>38c [B only]</p>	<p>[If telemedicine only from location outside the state] What type of patient care do you provide to patients in Wisconsin via telemedicine? <i>Open response item</i></p>
<p>A: 39 B: 39a</p>	<p>[If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN] What best describes your current place of employment? 1=Patient care facility, 2=State or local health department or other government agency, 3=University academic or research facility, 4=Health care business or corporation (e.g., insurance, pharmaceutical or biotechnology company), 5=Non-health care business or corporation, 6=Other (please specify _____),, 7=[B only]I work as a <i>locum tenens</i>, either through an agency or by independent contract</p>
<p>39b</p>	<p>[If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN] Where is your current place of work? City/State/ZIP code</p>
<p>40 [R]</p>	<p>[If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN] Do you plan to provide patient care in person in Wisconsin in the future? 1= currently seeking a position providing patient care in Wisconsin, 2= I plan to return to patient care in Wisconsin within the next <u>two</u> years, 3= I plan to return to patient care in Wisconsin within the next <u>five</u> years, 4= My plans are uncertain, 5= I am not planning to provide patient care in person in Wisconsin</p>
<p>All those active in medicine, but not providing patient care in person in Wisconsin, have exited at this point.</p>	
<p>41a&b</p>	<p><i>(questions moved to Section VI, Practice Locations)</i></p>
<p>A: 42 [A only]</p>	<p>Survey A: How much longer do you plan to maintain a patient care practice? 1=Less than 2 years, 2=2-5 years, 3=6-10 years, 4=11-15 years, 5=16-20 years, 6=21-25 years, 7=26-30 years, 8=more than 30 years</p>
<p>B: 42b [B only]</p>	<p>Survey B: At what age do you plan to retire from your patient care practice?</p>
<p>43</p>	<p>Survey A: What are your plans for your patient care practice in the next 2 years? (check all that apply) Survey B: What are your plans for your patient care practice during the next 2 years? 1=plan to continue providing patient care in Wisconsin at my current level of activity 2=plan to increase patient care hours 3=plan to significantly reduce patient care hours. 4=plan to temporarily stop providing patient care in Wisconsin. 5=plan to retire from patient care within the next two years. 6=plan to relocate to a different practice in Wisconsin. 7=plan to relocate to a different practice outside Wisconsin. 8=Other/Uncertain.</p>

V. PATIENT CARE PRACTICE CHARACTERISTICS	
44 [R]	In the previous twelve months, how many weeks did you work providing patient care at locations in Wisconsin?
45 [R]	<p>During the weeks that you worked in the past year, how many <u>hours per week</u>, on average, did you spend on patient-related care* at all locations where you practice in Wisconsin. Include on-call time only to the extent you were actually engaged in patient care or coordination.</p> <p>Hours per week</p> <ul style="list-style-type: none"> Hospital inpatient care Emergency room Primary care** in the office/outpatient setting Specialty care in the office/outpatient setting Telemedicine consults Seeing patients in nursing homes and other non-hospital extended care facilities Seeing patients in their own homes Seeing patients in correctional facilities All other patient-related care activities TOTAL
45b [B only]	<p>How many hours are you on call in a typical month?</p> <p>Hours per month: _____</p> <p>Always on call</p> <p>No call</p>
46, 47 [A only]	<i>(Questions incorporated in Section VI, Practice Locations)</i>
48	<p>Are you involved in any of the following professional activities? (check all that apply)</p> <ul style="list-style-type: none"> Research Teaching-classroom Teaching – clinical setting Administration in a private practice Administration in a medical school, hospital, health plan or nursing home Medical examiner Board of health Medical adviser to other public or community agency Other (specify) None of the above
49	During the previous twelve months, about how many hours per week, on average, did you spend in all these other professional activities?
49b [B only]	<p>In addition to any uncompensated care you may provide at your regular practice location, do you provide volunteer clinical services at a free clinic or similar location?</p> <p>1=In Wisconsin, 2=In another state, 3=in another country, 4=No</p>
49c [B only]	<p>How many hours <u>per month</u> do you provide clinical services as a volunteer?</p> <p>Hours per month at locations in Wisconsin</p> <p>Hours per month at other locations</p>
50	<p>Are you a salaried employee at your principal practice location?</p> <ul style="list-style-type: none"> 1=Not a salaried employee 2=Salaried employee with a practice I own or co-own 3=Salaried employee with a professional corporation or practice that I do not own 4=Salaried employee of a managed care organization 5=Salaried employee of a hospital 6=Salaried employee of a university or teaching institution 7=Federal employee 8=State government employee 9=Salaried employee of another type of organization

51	<p>What best describes your <u>principal practice setting</u> – the location in Wisconsin where you spend the most time providing patient care?</p> <p>1=Non-federal hospital and adjacent outpatient clinics 2=VA or military hospital and associated outpatient facilities 3=Free standing clinic/health center/urgent care clinic/ambulatory surgery center [Q51=3] 4=Individual private practice 5=Nursing home or other non-hospital extended care facility 6=Correctional facility 7=State/local health department or other public/community health setting, including free clinics 8=Other (specify)</p>																												
52	<p>What best describes the clinical setup where your principal practice is located?</p> <p>1=Single physician practice 2=Single physician practice that shares expenses with other physician practices 3=Single specialty group practice 4=Multi-specialty group practice 5=Locum Tenens 6=Other (specify)</p>																												
52b [B only]	<p>Is your principal practice hospital-owned or physician-owned? Hospital-owned, Physician-owned, Other</p>																												
52c [B only]	<p>Is this practice site affiliated with one of these large health care systems? (check all that apply)</p> <p>No</p> <table border="0" data-bbox="354 919 1295 1318"> <tr> <td>Affinity</td> <td>Mayo HealthCare/Franciscan-Skemp</td> </tr> <tr> <td>Aspirus</td> <td>Medical College of Wisconsin</td> </tr> <tr> <td>Aurora</td> <td>Mercy Health System</td> </tr> <tr> <td>Bellin Health Care</td> <td>Meriter</td> </tr> <tr> <td>Children’s Hospital of Wisconsin</td> <td>Ministry Health</td> </tr> <tr> <td>Columbia St. Marys</td> <td>Monroe Clinic</td> </tr> <tr> <td>Covenant</td> <td>Physicians Plus</td> </tr> <tr> <td>Dean Clinic</td> <td>Prevea</td> </tr> <tr> <td>Essentia (Duluth St. Marys)</td> <td>ProHealth</td> </tr> <tr> <td>Froedtert Hospital</td> <td>SSM Health Care</td> </tr> <tr> <td>Gundersen Lutheran</td> <td>ThedaCare</td> </tr> <tr> <td>Horizon</td> <td>UW Health System</td> </tr> <tr> <td>Humana</td> <td>Wheaton Franciscan</td> </tr> <tr> <td>Marshfield Clinic</td> <td>Other</td> </tr> </table>	Affinity	Mayo HealthCare/Franciscan-Skemp	Aspirus	Medical College of Wisconsin	Aurora	Mercy Health System	Bellin Health Care	Meriter	Children’s Hospital of Wisconsin	Ministry Health	Columbia St. Marys	Monroe Clinic	Covenant	Physicians Plus	Dean Clinic	Prevea	Essentia (Duluth St. Marys)	ProHealth	Froedtert Hospital	SSM Health Care	Gundersen Lutheran	ThedaCare	Horizon	UW Health System	Humana	Wheaton Franciscan	Marshfield Clinic	Other
Affinity	Mayo HealthCare/Franciscan-Skemp																												
Aspirus	Medical College of Wisconsin																												
Aurora	Mercy Health System																												
Bellin Health Care	Meriter																												
Children’s Hospital of Wisconsin	Ministry Health																												
Columbia St. Marys	Monroe Clinic																												
Covenant	Physicians Plus																												
Dean Clinic	Prevea																												
Essentia (Duluth St. Marys)	ProHealth																												
Froedtert Hospital	SSM Health Care																												
Gundersen Lutheran	ThedaCare																												
Horizon	UW Health System																												
Humana	Wheaton Franciscan																												
Marshfield Clinic	Other																												
B: 52d [A #63]	<p>Approximately what percentage of your patients at your principal practice site have the following primary source of payment? (Please provide your best estimate.) % Medicare], % Medicaid, % Self Pay, including discounted care for un/under-insured, % Private Insurance and All Other (Must total 100%)</p>																												
52e [B only]	<p>Please select the statement that best describes the status of your patient care practice at this location. [Q52e]</p> <p>1=I cannot accept any additional patients; my practice is full 2=I can accept some additional patients; my practice is nearly full. 3=I can accept many additional patients; my practice is far from full. 4=None of the above/Not applicable/I do not have my own panel of patients.</p>																												
B: 52f [A #64]	<p>Please indicate if your principal practice site is any of the following: [Q52f]</p> <p>1=Certified Rural Health Clinic 2=Federally Qualified Community/Migrant/Homeless Health Center 3=Other Federally Qualified Health Center (FQHC) 4=Tribal Health Center 5=Free Clinic 6=None of the above 7=Don’t know</p>																												

53	How many physicians practice at this location, including yourself? [Q53] 1=1 physician 2=2-5 physicians 3=6-10 physicians 4=11-20 physicians 5=21-50 physicians 6=51-75 physicians 7=76-100 physicians 8=More than 100
53b [B only]	Is this practice site planning or implementing a <i>patient-centered medical home*</i> practice model? [Q53b] 1=No, 2=Yes, discussing, 3=Yes, actively planning, 4=Yes, currently implementing, 5=Yes, already established, 6=I don't know
54	Are any of the following types of advanced practice providers a part of your practice group at this location? (check all that apply) Survey A: Physician assistants (PA) Nurse practitioners (NP) Certified nurse midwives (CNM) Survey B: Physician Assistant (PA) Nurse Practitioner (NP) Certified Nurse Midwife (CNM) Certified Registered Nurse Anesthetist (CRNA) Other Advanced Practice Nurse (APNP, NP or CNS)
B: 54b [A #65a]	Do you also provide medical oversight and consultation through a collaborative agreement with a physician assistant practice or nurse practitioner-managed practice at another location? 1=Yes, 2=No
B: 54c [A #65b] [R]	Please provide the city and zip code of this physician assistant or nurse practitioner-managed practice. City/ ZIP Code
55 [R]	Do you or your patients have difficulty arranging a timely appointment when making referrals? 1=Yes, 2=No, 3=Don't know, 4=Not applicable to my practice
56	Please identify the specialties for which you or your patients have the greatest difficulty scheduling appointments. (List up to three.)

	VI. PRACTICE LOCATIONS <i>These questions were asked at different points in Survey A and Survey B. In most cases, responses to the same question have been combined in the same column in the merged survey data.</i>
37a [R] [A only]	[If ACTIVE IN MEDICINE] Do you work in Wisconsin? 1=Yes, 2=No <i>This was a sorting item eliminated in reorganized Survey B.</i>
37b [A only]	[If ACTIVE IN MEDICINE] Where is your principal place of work in Wisconsin? County/City/ZIP Code <i>In reorganized Survey B, this item replaced by Q41a (county) and Q80 in Section VI (place of work detail).</i>
41a [R] [B only]	[If PROVIDING PATIENT CARE IN PERSON IN WISCONSIN] In what county in Wisconsin is your principal practice site* located? [See list of county codes]
A: 41 B: 41b	Do you also provide patient care in another state? 1= provide patient care in another state, but only via telemedicine, 2=provide patient care in person at a location in another state, 3=provide patient care both in person and via telemedicine at a location in another state, 4=No
A: 46 B: 57a [R]	At how many practice locations in Wisconsin do you provide patient care in person on a regular basis?

47 [A only]	Please indicate the average hours per week you provide care at each location *principal practice location Practice Location A* zip code hours Practice Location B zip code hours Practice Location C zip code hours Practice Location D zip code hours All other practice locations hours																																																
A: 57 B: 57b [R]	Do you personally provide primary care* or mental health services in the outpatient setting at any of your practice locations? 1=Yes [go to next section, Primary Care Practice Sites], 2=No [Exit in Survey A, in Survey B, go to Q80]																																																
80 [B only] [R]	[IF NOT PROVIDING PRIMARY CARE] Where is your principal practice location in Wisconsin? City / ZIP Code																																																
81 [B only]	For how many weeks in the year do you provide patient-related care at this location?																																																
82 [B only]	Approximately how many hours per week do you work at this location?																																																
83 [B only]	Approximately how many patient encounters do you have in a typical week at this location?																																																
84	Please list any additional locations where you provide care on a regular basis, indicate the number of weeks you work at each location in a year, the average hours per week you provide care at each location and the average number of patients you see. <table border="1"> <thead> <tr> <th></th> <th>[c1]</th> <th>[c2]</th> <th>[c3]</th> <th>[c4]</th> <th>[c5]</th> </tr> <tr> <th></th> <th>City</th> <th>Zip Code</th> <th>Weeks</th> <th>Hours</th> <th>Patients</th> </tr> <tr> <th></th> <th></th> <th></th> <th>per year</th> <th>per week</th> <th>per week</th> </tr> </thead> <tbody> <tr> <td>2nd Practice Location</td> <td>city</td> <td>zip code</td> <td>weeks</td> <td>hours</td> <td>patients</td> </tr> <tr> <td>3rd Practice Location</td> <td>city</td> <td>zip code</td> <td>weeks</td> <td>hours</td> <td>patients</td> </tr> <tr> <td>4th Practice Location</td> <td>city</td> <td>zip code</td> <td>weeks</td> <td>hours</td> <td>patients</td> </tr> <tr> <td>5th Practice Location</td> <td>city</td> <td>zip code</td> <td>weeks</td> <td>hours</td> <td>patients</td> </tr> <tr> <td>All other practice locations</td> <td></td> <td></td> <td>weeks</td> <td>hours</td> <td>patients</td> </tr> </tbody> </table>		[c1]	[c2]	[c3]	[c4]	[c5]		City	Zip Code	Weeks	Hours	Patients				per year	per week	per week	2 nd Practice Location	city	zip code	weeks	hours	patients	3 rd Practice Location	city	zip code	weeks	hours	patients	4 th Practice Location	city	zip code	weeks	hours	patients	5 th Practice Location	city	zip code	weeks	hours	patients	All other practice locations			weeks	hours	patients
	[c1]	[c2]	[c3]	[c4]	[c5]																																												
	City	Zip Code	Weeks	Hours	Patients																																												
			per year	per week	per week																																												
2 nd Practice Location	city	zip code	weeks	hours	patients																																												
3 rd Practice Location	city	zip code	weeks	hours	patients																																												
4 th Practice Location	city	zip code	weeks	hours	patients																																												
5 th Practice Location	city	zip code	weeks	hours	patients																																												
All other practice locations			weeks	hours	patients																																												

ADDITIONAL QUESTIONS ABOUT PRIMARY CARE AND MENTAL HEALTH PRACTICE LOCATIONS	
58 [R]	Please provide the address of the location in Wisconsin where you spend the most time providing primary care or outpatient mental health services. Name of clinic or medical facility Street Address (not P.O. Box) City/Town ZIP Code
59 [A only]	What type of care do you provide at this practice location? (check all that apply) [Q59] Family, Pediatric, Adult, Obstetrics, General Gynecology, Geriatric, Mental Health, Other (please specify) <i>Deleted – question did not work as intended.</i>
60 [A only]	How do you provide patient care at this location? 1=I provide care for patients who are present in person at this location 2=I care for patients only via telemedicine from this location 3=I care for patients both in person and via telemedicine from this location. <i>Replaced with 60b in Survey B.</i>
60b [B only]	What is your status at this location? 1=I provide care in person on a regular basis 2=I care for patients only via telemedicine from this location [3=I care for patients both in person and via telemedicine from this location. 4=I provide care as a locum tenens 5=I provide care only as a volunteer 6=Other: _____
61a [B only]	Approximately how many patient encounters do you have in a typical week at this location?

61b	For how many weeks in the year do you provide patient-related care at this location?
62 <i>[A only]</i>	What is the average <i>number of hours per week</i> you provide direct patient care* at this practice location? (Do not include on-call time): Hours/week outpatient/ambulatory care for individuals seen at this location Hours/week in telemedicine consultations Hours/week in hospital rounds for patients normally seen at this location Total
62b <i>[B only]</i>	During the weeks that you work at this location, what is the average number of <i>hours per week</i> you provide direct patient care*? (Do not include on-call time, administrative, teaching or research time.) Hours per week: Outpatient PRIMARY CARE** for individuals seen in person at this location Outpatient MENTAL HEALTH SERVICES (as a psychiatrist) for individuals seen in person at this location Outpatient obstetrical services All other outpatient specialty care for individuals seen at this location Telemedicine consultations TOTAL Hours direct patient care per week at this location <i>[compute]</i>
66 <i>[R]</i>	Do you provide patient care at another location in Wisconsin?
67	Please provide the address of your secondary practice location. [Q67] Name of clinic or medical facility Street Address City/Town ZIP Code WI County <i>[requested on Survey A only]</i>
68 to 71	<i>Repeat of Q59, 60, 61, 61b, 62, 62b for second primary care site.</i>
74 <i>[R]</i>	Do you provide primary care or outpatient mental health services at a third location in Wisconsin?
75	Please provide the address of this third practice location. Name of facility/Street Address/City/ZIP Code/WI County
75b, 75c <i>[B only]</i>	Number of patient encounters in a typical week Number of weeks worked per year at this location Hours per week (same categories as Q62bz0)
76, 76b, 76c <i>[B only]</i>	<i>Repeat of 75, 75b, 75c for fourth practice site.</i>
77, 77b, 77c <i>[B only]</i>	<i>Repeat of 75, 75b, 75c for fifth practice site.</i>

Q8 - Are you of Hispanic, Latino or Spanish background?

- No
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes other Hispanic/Latino/Spanish background

Q9 - Please indicate your racial/ethnic/cultural origins (check all that apply)

- American Indian or Alaskan Native
- Asian:
 - East Asian (origins in Japan, China or Korea)
 - South Asian (origins in India or Pakistan)
 - Southeast Asian (origins in Burma/Myanmar, Thailand, Cambodia, Laos or Vietnam)
 - Filipino
 - Malaysian
 - Indonesian
 - Other Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other

Question 10 – Other languages (from list of languages most frequently spoken at home in WI)

- No other languages [
- American Sign Language
- North American Indian Language (please specify:)
- French
- German
- Italian
- Polish
- Russian
- Spanish
- Other European Language (please specify:)
- Chinese
- Japanese
- Korean
- Filipino, Tagalog
- Hmong
- Other Asian Language (please specify:)
- African Language (please specify:)
- Arabic
- Hindi
- Other (please specify:)

Question 25 - Short list – initial residency (from NRMP)

- 1=Allergy and Immunology
- 2=Anesthesiology
- 3=Dermatology
- 4=Emergency Medicine
- 5=Family Medicine
- 6=Internal Medicine
- 7=Internal Medicine - Pediatrics
- 8=Medical Genetics
- 9=Medical Physics
- 10=Nuclear Medicine
- 11=Obstetrics and Gynecology
- 12=Occupational Medicine
- 13=Ophthalmology
- 14=Otolaryngology

- 15=Neurology
- 16=Pathology
- 17=Pediatrics
- 18=Physical Medicine and Rehabilitation
- 19=Preventive Medicine
- 20=Psychiatry
- 21=Radiology-Diagnostic
- 22=Radiology-Therapeutic (Radiation Oncology)
- 23=Surgery (General, Neurological, Colon & Rectal, Orthopaedic, Plastic, Vascular, Other)
- 24=Urology
- 25=Other: [specify option included on Survey B only]
- 26=Did not do any post-graduate training
- 27=Completed Rotating Internship or Transitional Year only [listed on Survey B only]

Question 29: Specialty/Subspecialty Codes

001 Addiction Medicine
002 Adolescent Medicine
[072 Aerospace Medicine](#)
003 Allergy & Immunology
004 Anesthesiology
005 Critical Care Medicine
006 Dermatology
007 Emergency Medicine
008 Family Medicine
016 Geriatric Medicine/Gerontology (Int Med or Fam Med)
009 General Practice
010 Hospice and Palliative Medicine
011 Internal Medicine – General
012 Internal Medicine-Advanced Heart Failure and Transplant Cardiology
013 Internal Medicine-Cardiovascular Disease
[076 Internal Medicine-Clinical Cardiac Electrophysiology](#)
014 Internal Medicine-Endocrinology, Diabetes and Metabolism
015 Internal Medicine-Gastroenterology
017 Internal Medicine-Hematology
018 Internal Medicine-Infectious Disease
019 Internal Medicine-Interventional Cardiology
020 Internal Medicine-Medical Oncology
021 Internal Medicine-Nephrology
022 Internal Medicine-Pulmonary Disease
023 Internal Medicine-Rheumatology
024 Internal Medicine-Transplant Cardiology
025 Internal Medicine-Transplant Hepatology
026 Internal Medicine-Other Subspecialty
027 Medical Genetics
028 Medicine & Pediatrics
029 Medical Physics
030 Medical Toxicology
031 Neurology
[078 Neurophysiology](#)
032 Nuclear Medicine
033 Obstetrics & Gynecology (General)
034 OB/Gyn - Gynecology (Only)
035 OB/Gyn - Gynecology Oncology
036 OB/Gyn - Maternal and Fetal Medicine (Perinatology)
037 OB/Gyn - Other subspecialty
038 Occupational Medicine
039 Ophthalmology
[091 Osteopathic Manipulative Medicine](#)
040 Otolaryngology
041 Pain Medicine
042 Pathology (General)
043 Pathology (Sub-specialty)
044 Pediatrics (General)
045 Pediatrics (Sub-specialty)) including Neonatology
[079 Pharmacology-Clinical](#)
046 Physical Medicine & Rehabilitation
047 Preventive Medicine (Public Health and General Preventive Medicine)
048 Psychiatry
049 Psychiatry-Adult
050 Psychiatry-Child & Adolescent
051 Psychiatry-Geriatric
052 Psychiatry-Other subspecialty
053 Radiology-Diagnostic
[082 Radiology-Diagnostic, Vascular & Interventional Radiology](#)
[083 Radiology-Diagnostic, Neuroradiology](#)
[084 Radiology-Diagnostic, Other subspecialty](#)

054 Radiology-Therapeutic (Radiation Oncology)

055 Sleep Medicine

056 Sports Medicine

057 Surgery (General)

058 Surgery, Colon and Rectal

059 Surgery, Neurological

060 Surgery, Orthopaedic

061 Surgery, Plastic (used 361 for subspecialty)

062 Surgery, [Peripheral Vascular](#)

063 Surgery, Thoracic & [Cardiovascular](#)

064 Surgery, Other Sub-specialty

[085 Ultrasound](#)

065 Hyperbaric Medicine/Undersea and Hyperbaric Medicine

066 Urology

998 Other- Patient Care Specialty

999 Other – Non-patient care specialty

[Blue=items added or edited in Survey B](#)

Not included in survey list. Used in hand coding “other” responses.

99 NO INFORMATION

PATIENT CARE

073 Bariatric Medicine

074 Blood Banking

080 Phlebology

081 Radiology-Diagnostic, Breast Imaging

092 Neuromusculoskeletal Medicine (DO specialty certification)

093 Proctology (DO specialty certification)

094 Medical Acupuncture

095 Holistic/Integrative/Alternative Medicine

108 Hospitalist-Family Medicine

111 Hospitalist-Internal Medicine

145 Hospitalist-Pediatrics

208 Urgent Care (if trained in Family Medicine)

207 Urgent Care (if trained in Emergency Medicine)

209 Urgent Care (if no residency/transition year only)

211 Urgent Care (if trained in Internal Medicine)

245 Urgent Care (if trained in Pediatrics)

304 Subspecialty Anesthesiology

307 Subspecialty Emergency Medicine

308 Family Medicine - Women's Health/OB

361 Subspecialty Plastic Surgery

NON-PATIENT CARE

071 Administrative Medicine

075 Epidemiology

077 Medical Informatics

371 Administrative, All Other - Utilization Review, QI, etc.

471 Academic Medicine

571 Legal Medicine

996 Clinical Research

990 Other - Unspecified

997 Insurance evaluations

998 Other patient care

999 Other non-patient care specialty