# Health Professional Shortage Area and Maternal Care Target Area Provider Survey

Thank you for participating in the Health Professional Shortage Area (HPSA) and Maternal Care Target Area (MCTA) Survey.

### Single/Multiple Providers

For those responding on behalf of several providers, the survey will allow one entry at a time. However, you will not have to exit the survey to enter another. If the physician, dentist, certified nurse midwife, licensed midwife, or physician assistant is providing services at multiple locations, each location requires its own entry. To return to a prior page select the "Back" button at the bottom of each survey page; do not use your browser's back button. Selecting "Submit" will record your data and "loop" back to the beginning for those who are responding for more than one provider. If you are complete, you can end the session, after selecting Submit, by exiting the browser.

#### **Definitions**

For HPSA purposes only, the federal guidelines define a **"primary care"** professional as a non- federal\* physician with an active Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) credential who provides direct patient care in one or more of the following primary care specialty areas:

- General or family medicine
- · General internal medicine
- General obstetrics and gynecology (OB/GYN)
- General gynecology
- General pediatrics
- · General geriatrics

This survey defines a "dental health" professional as a non-federal\* dentist with an active dentist credential who provides patient care addressing general dental care.

This survey defines a **"mental health"** professional as a non-federal\* physician with an active Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) credential who provides mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings.

This survey defines a full scope **"maternal care"** health professional as a MD/DO or PA working in an obstetrics/gynecology specialty, or a certified nurse midwife, or a licensed midwife who provides care during labor, birthing, prenatal, and postpartum.

\*Non-federal refers to providers that are not federally employed or fulfilling service obligations through federally funded program.

Results are published and presented in aggregate, containing no personally identifiable information. Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act).



Information about the physician is necessary to assist in approximating provider counts in your area. Q1: Enter the physician's name. First name: Middle name: Last name: Q2: Enter your 10-digit National Provider Identifier (NPI) number (e.g., 0000000000). Q3: Enter your 8-digit Washington State credential number (e.g., 00000000). Q4: Enter the practice street address. Street: City: **ZIP Code:** Phone: Fax: Q5: Is the mailing address different from the street address? Yes No Q6: Enter the practice mailing address. Street: City: **ZIP Code:** Phone:



Fax:

### Q7: What is your area of discipline?

Primary care: medical doctor (MD) or osteopathic physician (DO)
Mental health (psychiatry only): medical doctor (MD) or osteopathic physician (DO)
Dental health: doctor of dental surgery (DDS) or doctor of dental medicine (DMD)
Maternal Care: medical doctor (MD) / osteopathic physician (DO), physician assistant (PA), certified nurse midwife (CNM), or licensed midwife

Q8: Estimate the number of hours you spend in direct patient care primarily practicing in the any following areas per week. (Note: federal guidelines allow the standard U.S. 40-hour work week and include OB/GYN as primary care).

Practice field	Hours
General or family medicine	
General internal medicine	
General obstetrics and gynecology (OB/GYN)	
General pediatrics	
General gynecology	
General geriatrics	
General dentistry	
Adult/Child psychiatry	
Maternal care (labor, birthing, prenatal, postpartum)	

Q9: Estimate the number of hours per week you practice in non-charting, faculty/preceptor, research, training, volunteer, etc.)	clinical areas (e.g., administrative
Q10: Estimate the number of hours per week you practice in a urgent care, infertility, sleep medicine, neuropsychiatry, forens disorder, periodontics, orthodontics, endodontics, oral/maxillofaetc.) or outside of your primary maternal care specialty.	sics, addiction/substance, eating

Q11: What is the total number of dental auxiliaries that work with the dentist?

Assistants	
Hygienists	



## Q12: Are you currently a participant/recipient of any of the following federal/state programs (check all that apply)?

Program	Yes	No
National Health Service Corps		
Washington Health Corps (BHP/FHP/SHP)		
J-1 visa holder		
H-1B visa holder		

### Q13: Are you currently employed as a/an (check all that applies):

Provider Type	Yes	No
Federal employee?		
Fellow?		
Intern?		
Locum Tenens?		
Resident (in training)?		

### Q14: What is the estimated percentage of your patient population who are?

Patient population	Percentage
Homeless	
Medicaid (Apple Health)	
Migrant farmworker	
Migrant seasonal farmworker	
American Indian/Alaska Native	
Sliding fee (discount) schedule	

### Q15: Do you work at a:

	Yes	No
State/Federal Corrections Facility		
State Mental Health Hospital		

### Q16: Is your practice accepting any?

	Yes	No
New patients		
New Medicaid patients		



7: This survey was	completed by.				
First name:					
Middle name:					
Last name:					
8: Please provide a	ny additional c	omments you	would like to sl	hare with us.	
		Print			
Please return survey to:					
Washington State Departme Office of Community Heal Attn: Health Professional SI P.O. Box 47853	th Systems				
Olympia, WA 98504-7853					
Or					



Fax: (360) 236-2830

Attn: Health Professional Shortage Area