

May 5, 2009

TO: Jennifer Filippone

Department of Public Health

From: Margaret Flinter and Tom Swan

Co-Chairs, Primary Care Access Authority

Re: Electronic re-licensure project

Dear Jennifer,

Thank you for agreeing to meet with us to discuss the recommendations of the Statewide Primary Care Access Authority concerning the draft on-line renewal survey questions for physicians. This is an exciting project which you are all doing a great job of keeping on track in the midst of challenging times, to say the least. We know you are committed to launching this for physicians initially, and then moving to include nurses and advanced practice nurses, as well as dentists.

Electronic on-line renewal will be a critical tool in workforce planning for the state of Connecticut, and this is particularly true in primary care. Thus, we are very interested in making sure that we collect information that contributes to our understanding of both current and future healthcare workforce trends.

As you know, our Authority reviewed work done in this area by other states and was particularly impressed with elements of the New York State survey. Some of our suggestions come directly from their tool.

Our specific feedback on the DRAFT survey you provided us: are:

Question 1: No change.

Question 2: The Authority felt that Question 2 and Question 5 could be replaced with a question from the NY survey that efficiently combined both as follows:

Current activities in medicine

Please indicate hours per week in medicine for which the major activity is:

	None	1-9	10-19	20-29	30-39	40+
Patient Care						
Research						
Teaching						
Administration						

Question 3

The Authority recommends that we add the category of Veterans Administration

Also, we would like to break out Hospital into Hospital-in-patient , Hospital out-patient, and Hospital-ER

Question 4:

The Authority recommends replacing this with:

Location of sites where you spend the most time providing direct patient care. Print the address of your practice location(s) including your 5-digit zip code. Indicate the average hours per week you spend at each practice location.

Principal location:

Number and Street

City/Town                      State                      Zip

Patient care hours at this site

Secondary location

(repeat the above)

Question 5 (now deleted)

Question 6 (?none on the draft survey?)

Question 7: good

Question 8:

The Authority suggests adding "commercial" as a category

Question 9: ok

Question 10: ok

Question 11: ok

Question 12: ok:

Suggest adding date of birth and # of years in practice.

Suggest adding question on use of electronic health records:

? fully electronic health record

? electronic prescribing

Other

#17 from the New York Survey

Training and Certification

	Completed Accredited Residency Program	Board Certified/Certificate of added/special qualification
Principal Specialty		
Secondary specialty		

#15 from the New York Survey: Practice Specialty (ies) in which you spend most of your professional time

Mark one principal and , if applicable, one secondary.

Principal      Secondary

Allergy and Immunology

Anesthesiology

Dermatology

Emergency Medicine

Family Medicine

General Practice

Internal Medicine (General

    Cardiovascular

    Critical Care

    Endocrinology and metabolism

    Gastroenterology

    Geriatrics

    Infectious Disease

    Medical Oncology

    Nephrology

    Pulmonary Disease

    Rheumatology

    Other Internal Medicine Sub-specialty

Neurology

Obstetrics and Gynecology

Gynecology (only)

Occupational medicine

Ophthalmology

Otolaryngology

Pathology (general)

Pathology (sub specialty)

Pediatrics (general)

    Pediatric Sub-specialty

Physical Medicine and Rehabilitation

Preventive Medicine

Psychiatry-Adult

Psychiatry-Child and Adolescent

Radiology-Diagnostic

Radiology-Therapeutic

Surgery (General)

    Surgery-neurological

    Surgery, orthopedic

    Surgery, platic

    Surgery, thoracic

    Other surgical sub-specialty

Urology

Other