PENNSYLVANIA AHEC	PRACTICE SITE PROFILE S-1	AHEC Region Use Only: Site ID: __ __ __ __ __ __

The Pennsylvania AHEC is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. All survey responses are confidential.

Date Site Enrolled as AHEC Affiliated Training Site: __ __ / __ __ / __ __ __ __
Month Day Year

Affiliation Agreement Signed with:

AHEC: __ __ / __ __ / __ __ __ __
Month Day Year

OR

Participating Medical School: _____ __ __ / __ __ / __ __ __ __
Month Day Year

1. Please provide the following information about your site/facility.

   Site/Facility Name _____

   Street Address _____

   City _____

   State _____ ZIP ____ ____ ____ ____ ____

   County _____

2. Whom should the AHEC contact to obtain information about your site/facility?

   Name _____ Title: _____

   Phone Number (__ __ __) __ __ __ - __ __ __ __ Fax Number (__ __ __) __ __ __ - __ __ __ __

   E-mail _____

3. National Providers Indentifier (NPI) _____

4. Is your practice owned by a hospital or health system?

   ❑ Yes (1)
   ❑ No (2)

   If Yes, provide name _____

5. Is your practice affiliated with a hospital or health system?

   ❑ Yes (1)
   ❑ No (2)

   If Yes, provide name _____

6. What type of practice/facility is this? (check all that apply)

   ❑ Solo Medical
   ❑ Multi-specialty Medical Group
   ❑ Single-specialty Medical Group
   ❑ Hospital
   ❑ Dental
   ❑ Mental Health Center
   ❑ Community Health Center
   ❑ Rural Health Center
   ❑ FQHC
   ❑ FQHC-Look A-Like
   ❑ Health Department
   ❑ Migrant Health Center
   ❑ NHSC Site
   ❑ Public Housing Health Center
   ❑ Healthcare for the Homeless
   Other_____

7. Please estimate the percentage of your patients who are of minority status. ___ ___ ___ (percent)

8. Please estimate the percentage of your patients who are uninsured. ___ ___ ___ (percent)

9. Please estimate the percentage of your patients who are Medicare patients. ___ ___ ___ (percent)

10. Please estimate the percentage of your patients who are Medicaid patients. ___ ___ ___ (percent)

11. Please estimate the percentage of your patients who are privately insured. ___ ___ ___ (percent)

12. Please estimate the percentage of your patients who are:

    Between the ages of 0 – 18 ___ ___ ___ (percent)
    Between the ages of 19 – 65 ___ ___ ___ (percent)
    Age 66 and over ___ ___ ___ (percent)

13. How many providers of the following types are providing service at this site? (If none, please enter 0.)

    a. ___ ___ Family Medicine Physician
    b. ___ ___ Internal Medicine Physician
    c. ___ ___ Pediatric Physician
    d. ___ ___ OB/Gyn Physician
    e. ___ ___ Psychiatrist
    f. ___ ___ Physician Assistant
    g. ___ ___ Advanced Practice Nurse (CNMW, CRNP, CNA etc.)
    h. ___ ___ RN
    i. ___ ___ LPN
    j. ___ ___ Medical Assistant
    k. ___ ___ Dentist
    l. ___ ___ Dental Hygienist
    m. ___ ___ Dental Assistant
    n. ___ ___ Pharmacist
    o. ___ ___ Physical Therapist/Occupational Therapist
    p. ___ ___ Social Worker
    q. ___ ___ Mental Health Professional (other than psychiatrist)
    r. ___ ___ Public Health/Community Health Specialist
    s. ___ ___ Other

14. Do you have Internet Access?
    - ❑ Yes (1)
    - ❑ No (2)

15. Do you have Electronic Medical Records?
    - ❑ Yes (1)
    - ❑ No (2)

16. If yes, what system do you have?

_____

17. If Yes, do students have access to the Electronic Medical Records system?
    - ❑ Yes (1)
    - ❑ No (2)

18. If No, date you plan to implement Electronic Medical Records: __ __ / __ __ / __ __ __ __
    Month Day Year

19. Do you use E-Prescribing with Pharmacies?
    - ❑ Yes (1)
    - ❑ No (2)

20. Is your practice site recognized as an NCQA Patient Centered Medical Home?
    - ❑ Yes (1)
    - ❑ No (2)

21. If yes, what level of recognition has your practice site attained:
    - ❑ Level 1
    - ❑ Level 2
    - ❑ Level 3

Thank you!

AHEC Region Use Only:
Date Entered: __ __ / __ __ / __ __ __ __
Month Day Year

Entered by: _____