QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 10 FIELDED MAY 15 – 18, 2020

1. What is the capacity of your practice to test patients for COVID-19? *Please select the best answer.*

- ○ 1 – We have no current capacity
- ○ 2 – We have capacity based on CDC guidelines/restrictions only
- ○ 3 – We have capacity beyond CDC guidelines/restrictions based on clinician judgement
- ○ 4 – We can test anyone for any reason

2. Is the current status of COVID-19 in the US putting unusual strain on your practice?

○ 1- no impact	○ 2	○ 3	○ 4	○ 5- severe impact

3. Has COVID-19 led to any of the following stresses in your practice? *Please check all that apply.*

- ○ My practice was temporarily closed
- ○ My practice was permanently closed
- ○ Clinicians and/or clinical staff out due to illness or self-quarantine
- ○ Front desk out due to illness or self-quarantine
- ○ Lack of personal protective equipment (PPE)
- ○ Practice layoffs/furlough of clinicians or staff
- ○ Limiting of wellness/chronic care visits by the practice
- ○ Limiting of wellness/chronic care visits by patients
- ○ Patients who struggle with virtual health (internet or computer trouble)
- ○ Greater than 50% decrease in pre-COVID-19 patient volume
- ○ State based cuts to Medicaid funding
- ○ Virtual health or telehealth billing that was denied
- ○ SBA, PPP, or personal loan application that was denied

4. We would like to understand how much virtual care is now happening: a little, some, a lot, or not happening. **OVER THE PAST WEEK**, how much of the care you've provided has generally been …

	A little (< 20%)	Some (20-50%)	A lot (> 50%)	Not happening
… handled through video				
… handled through telephone visits				
… handled through e-visits				
… handled in-person				
… reimbursed?				

5. **FLASH QUESTION**: We are interested in pandemic-era care delayed or deferred**. OVER THE PAST 8 WEEKS**, what have you been able to do "as usual", "very little", or "not at all"?

	As usual	Very little	Not at all	N/A
... routine childhood immunizations?				
... routine adult vaccinations?				

... routine cancer screenings?				
... routine check ins for cancer survivors?				
... follow up for lung disease, hypertension, or diabetes?				
... evaluation of new symptoms (eg, dizzy, headache, fatigue, weight loss, abdominal pain?				
... evaluation of acute injuries or accidents?				
... screening for PTSD, depression, or anxiety?				
... screening for violence or neglect?				
... screening or support for tobacco cessation?				
... follow up for substance use or addiction?				
... inquire about access to food, housing, or employment?				

6. What type of PAYMENT structure would have helped you to weather the COVID-19 pandemic better?

	Yes, completely, about time!	Not ideal, but a willing compromise	Unsure	No	N/A - outside my knowledge
Half per member per month payments, half fee for service					
Majority prospective $40-$70 pmpm, based on risk stratification					
Payment connected to measure driven incentive program					
Payment connected to volume driven incentive program					
Payment based on extensive documentation of services					
Predictable payments to support care in exchange for level of professional care determined by minimal set of essential measures					
Payment of any kind at this point...					
Other (please specify)					

So that we can better understand your answers, please respond to the following:

7. Is your practice…

- … owned by you?
- … independent but part of a larger group?
- … owned by a hospital or health system?
- … a government owned practice?
- None of the above

8. Is the size of your practice…

- … 1-3 clinicians?
- … 4-9 clinicians?

- … greater than 10 clinicians?

9. Is your practice setting…

- … a primary care setting?
- … primary care and a convenience care setting (retail, walk in, urgent?)
- … direct primary care or membership-based practice?
- Other (please specify)

10. Is your practice… *Please check all that apply*

- … a rural practice?
- … a community health center?
- … located within an office, school, or college?
- None of the above

11. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Other (please specify)

12. In what state is your practice located? *If multi-state, please answer for the state in which your practice is located.*

13. What is your zip code? *If multi-state, please answer for the state in which your practice is located*.

14. If primary care were to receive the perfect solution - appropriate financial support with minimal hassle to receive it - what should primary care be willing to promise to the public and to payers?

15. Is there anything else you would like us to know about your experience in primary care during this pandemic?

16. Would you like to receive an email invitation to this survey each week?

- Yes
- No

17. Please enter your email address here to receive the survey invitation. *We will not use your email address for anything else and it will not be shared for any reason.*