



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 11 FIELDED MAY 22 – 26, 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?

<input type="radio"/> 1- no impact	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5- severe impact
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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
- Practice members out due to illness or self-quarantine
- Practice members who have left citing COVID-19 related reasons
- Clinician salaries skipped or deferred
- 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. 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?				

We are interested in understanding your estimated revenue loss during COVID-19 and what is needed to make your practice financially whole. Please provide your best estimates, rounding to the **nearest \$10,000**.

5. What was the size of your approximate practice **REVENUE** for **JANUARY 2020**?

- Unable to answer

- N/A
- January 2020 practice revenue was:

6. What was the size of your approximate practice EXPENSES for JANUARY 2020?

- Unable to answer
- N/A
- January 2020 practice expenses were:

7. What was the size of your approximate practice REVENUE for APRIL 2020?

- Unable to answer
- N/A
- April 2020 practice revenue was:

8. What was the size of your approximate practice EXPENSES for APRIL 2020?

- Unable to answer
- N/A
- April 2020 practice expenses were:

9. Has your practice received financial support from any of the following sources? Please check all that apply.

- Payroll Protection Program
- Small Business Administration
- Personal bank loan
- State-based assistance program
- Parent organization assistance, due to the pandemic
- Additional or extended line of credit for the practice
- Private equity investment in the practice
- Social impact bond
- Personal savings or retirement
- Crowdfunding
- We have received no outside support
- Other (please specify)

10. What was the approximate amount of support received from FEDERAL OR STATE sources? Please estimate to the nearest \$10,000.

- None received
- Unable to answer
- N/A
- Approximate total amount of support received:

11. What amount of donation has the practice received through clinician-based decisions to defer salaries? Please estimate to the nearest \$10,000.

- None received
- Unable to answer
- N/A
- Approximate total amount of support received:

12. What percent of your practice members (consider all clinical and non-clinical positions) have been furloughed since January 2020?

- We have not experienced furloughs
- Unable to answer
- Approximate percent furloughed is:

13. Approximately how many weeks/months might your current financial reserves for your practice last?

- I don't know
- I don't have access to that information
- 1-2 weeks
- 3-4 weeks
- 5-6 weeks
- 2 months
- 3 months
- 6 months
- More than 6 months

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

14. 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

15. Is the size of your practice...

- ... 1-3 clinicians?
- ... 4-9 clinicians?
- ... greater than 10 clinicians?

16. 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)

17. Is your practice... Please check all that apply

- ... a rural practice?
- ... a community health center?
- ... designated patient-centered primary care home?
- ... located within an office, school, or college?
- None of the above

18. What is your specialty?

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

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

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

21. 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?

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

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

- Yes
- No

24. 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.*