



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 12 FIELDLED MAY 29 – JUNE 1, 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 – Though limited/restricted, we can obtain a specimen in the office and send it out for testing
- 3 – Without limits, we can obtain a specimen in the office and send it out for testing
- 4 – Though limited/restricted, we can get a specimen and test it inside the office
- 5 – Without limits, we can get a specimen and test it inside the office
- Other (please specify)

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 is temporarily closed
- My practice is 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
- Expiring vaccine inventory
- Well child visits delayed by parents
- 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

4. **OVER THE PAST WEEK**, would you say your modes of care delivery have been... *Please select the best answer.*

- ... video, phone, and in-person - about equal
- ... video and phone - about equal
- ... video and in-person - about equal
- ... phone and in-person - about equal
- ... more video than anything
- ... more phone than anything
- ... more in-person than anything

5. **FLASH QUESTION A:** For each type of primary care visit listed, please indicate if video is well suited (**V+**) or a poor fit (**V-**), if phone is well suited (**P+**) or a poor fit (**P-**), if you have no opinion or it is not applicable to you (N/A).

	V+ P+	V+ P-	V- P+	V- P-	N/A
Well child					
Adult prevention					
Injuries/accidents					
Acute illness					
Stable chronic condition					
Non-stable chronic condition					
Developmental assessment					
Mental health counseling					
Behavioral health counseling					

6. **FLASH QUESTION B:** Is digital health well suited to these types of visits? (*same options*)

	V+ P+	V+ P-	V- P+	V- P-	N/A
Addiction					
Acute pain					
Chronic pain					
Medication reconciliation					
Paperwork (eg, school or disability form)					
Worried well re COVID					
Transition in care					
Assessing IADLs, ADLs, memory					
Cancer and/or survivor care					

7. **FLASH QUESTION C: OVER THE PAST 8 WEEKS,** have you felt primary care was valued by...

	Yes, without a doubt!	Possibly, hard to tell	Eh - kinda neutral	Not really	That's a hard no - loud and clear!
... your patients					
... the general public					
... hospital systems					
... health systems					
... non-primary care specialists					
... private insurers					
... government insurers					
... public health					
... employers					
... the media					
... your state government					
... the federal government					

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

8. 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

9. Is the size of your practice...

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

10. 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)

11. 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

12. What is your specialty?

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

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

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

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.