



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 13 FIELDLED JUNE 5 - 8, 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
- 6 – We send patients to a known centralized testing site
- 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
------------------------------------	-------------------------	-------------------------	-------------------------	--

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

- My practice is temporarily closed right now (temporarily or permanently)
- Practice members out due to illness or self-quarantine
- Practice members who have left citing COVID-19 related reasons
- Clinician salaries have been 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
- Greater than 50% increase in pre-COVID-19 patient messages/questions
- State based cuts to Medicaid funding
- Digital health or telehealth billing that was denied
- Offers to hire new clinicians that have now been rescinded

4. **OVER THE PAST WEEK**, would you say your modes of care delivery have been... *Please pick the best possible 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: OVER THE PAST 4 WEEKS**, which of the following has your practice experienced? *Please pick the best possible answer.*

- Change in the rules requiring prior authorization
- Change in the rules governing medication renewal
- Reduction in measure reporting requirements
- Decreased documentation requirements in general
- Disruption to our usual ability to submit billing
- A good fit between what we can bill for and the work we do
- A good ability to reflect the work done in patient care in our EHR
- Increased use of primary care services because of digital health options
- Increased utilization of non-primary care services because of digital health options
- Increased connection to our patients
- Increased connection to public health support
- Increased connection to mental health support
- Increased connection to community-based resources
- Renewed energy for our mission to provide primary care
- Stress level at an all-time high
- Other (please specify)

6. Flash Question B: OVER THE PAST 4 WEEKS, have you been able to care for your patients in a way that was...

	Yes, without a doubt!	Sometimes, but pandemic makes this hard	No, but will again after the pandemic	Pipe-dream, this hasn't been for a long time	N/A
... first contact, they contact us first when there is a need					
... comprehensive, addressing majority of needs					
... continuous, seeing my established patients					
... coordinated, integrating care across settings					
... integrated, attentive to both social and physical concerns					

7. Flash Question C: Has the death of George Floyd, and other similar recent events, had a noticeable impact on...

	Yes, this has been so upsetting	It's been a topic	Possibly, hard to tell	Not that I've noticed	N/A
... the health of your patients					
... the conversations you have had with patients					
... the concerns patients present					
... your well-being					
... the well-being of practice members					
... informal practice member conversations					
... your minority patients in particular					

... your engagement with others in general					
--	--	--	--	--	--

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. Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A.

	>10%	>50%	Don't know	N/A
... Medicaid				
... Medicare				
... low income patients				
... non-English speaking patients				
... race/ethnic minority patients				
... patients with multiple chronic conditions				

13. What is your specialty?

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

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

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

16. To better understand and support YOU and Primary Care during the pandemic and after - what questions would you like to see in this survey?

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

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

- Yes
- No

19. 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.*