



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 14 FIELDED JUNE 12 - 15, 2020

- 1. YOU SAID – ASK US ABOUT OUR WELL-BEING:** These are your questions. **IN THE LAST 8 WEEKS**, would you say... *Please pick the best possible response to each statement.*

	YES in the strongest terms!	Definitely	Mostly	Somewhat	Not at all	N/A
... My burnout has been at an all-time high						
... burnout in my practice has been at an all-time high						
... my colleagues and I had known resources to help us with COVID-19 related job stress						
... our patients responded well to changes in the office, such as wearing masks						
... my physical well-being has suffered because of my work						
... my psychological well-being has suffered because of my work						
... the well-being of my family has suffered because of my work						
... I have struggled to know when I could end my work day						

- 2. Are COVID-19 related changes and pressures in your practice 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 in the last 4 weeks? *Please check all that apply.***

- My practice is closed right now (temporarily or permanently)
- Practice members have quit saying that COVID-19 made work unsafe for them
- Clinician salaries have been skipped or deferred
- Practice layoffs/furlough of clinicians or staff
- We have had to destroy expired vaccines and/or medications
- Limiting of preventive and/or chronic care visits by the practice
- The practice offers preventive and/or chronic care but patients are not scheduling them
- Our face-to-face patient volume is lower by more than 50%
- Our face-to-face patient volume is lower by 30%
- Our non face-to-face volume is at an historic high
- Digital health or telehealth billing has been denied
- We have had to rescind offers to hire new clinicians

**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 LAST 4 WEEKS**, what has been your experience with access to personal protective equipment (PPE)? *Please check all that apply.*

- We have not been able to acquire PPE in general
- We have severely limited access to PPE in general
- I am often using the same mask for a week at a time
- We have had to purchase PPE at extremely high prices
- Our hospital system or parent organization has PPE but we've not received it
- Masks, in particular, are hard to come by
- Gowns, in particular, are hard to come by
- Gloves, in particular, are hard to come by
- We have enough PPE for usual care, but not for COVID-19 testing
- We have enough PPE for our practice members, but none to offer our patients
- We have enough PPE for seeing limited numbers of patients but not enough to increase patient volume
- We recycle the PPE we have but sorely need new PPE supplies
- Other (please specify)

**6. Please tell us the three most important things that would help your practice stay open through December 2020.**

- To stay open I need
- To stay open I need
- To stay open I need

**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?
- ... designated patient-centered primary care home?
- ... located within an office, school, or college?
- None of the above

**11. 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				

**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.***