



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 15 FIELDDED JUNE 26 - 29, 2020

1. YOU SAID – ASK THIS: How many others are in a position like me? **IN THE LAST 4 WEEKS...** *Please check all that apply.*

- We've seen higher than normal dental issues because dental practices are closed.
- We've seen higher than normal vision issues because ophthalmologists are closed.
- We've seen higher than normal patient mental/emotional distress.
- We've seen health issues exacerbated by lack of access to care during the pandemic.
- We've had patients die from lack of access to appropriate care during the pandemic.
- I was limited in the referrals I could make because other medical offices are closed.
- I could collect samples for COVID-19 testing, but I didn't know where to send them.
- Labs near us could not keep up with the volume of COVID-19 testing requests.
- It took more than 3 days to get the results of COVID-19 tests for our patients.
- We... lack... PPE!
- Burnout in my practice is at an all-time high

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. IN THE LAST 4 WEEKS, have any of these things happened in your practice? *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
- Our practice has had layoffs/furlough of clinicians or staff
- The practice has limited preventive and/or chronic care visits
- The practice offers preventive and/or chronic care but patients are not scheduling them
- We have started to see the health impact of chronic care visits deferred
- We have seen an increase of patients we suspect have COVID-19
- Our in-person patient volume is 30% - 50% lower than normal
- In-person visits are down but overall contact with patients are at an all-time high
- We have reduced use of video-based care because payment is poor
- We have reduced use of phone-based care because payment is poor
- Digital health or telehealth billing has been denied

4. Do you feel your practice is ready for...

	Yes, and we're confident	Somewhat, but we are nervous	No, we don't feel ready	We are spent – so not ready for that
... a surge in COVID-19 cases				
... a surge in health issues related to delayed or deferred care				
... the next wave of the pandemic				
... the upcoming flu season				

... loss or reduced payment for video-based care				
... loss or reduced payment for phone-based care				
... the next 3 months				
... the next 6 months				

5. FLASH QUESTION A: OVER THE LAST 4 WEEKS, what changes have you made to your practice to accommodate care delivery during the pandemic? *Please check all that apply*

- We have reduced our volume to maintain physical distances while seeing patients
- We have reduced our staffing to stay financially solvent
- We have added mental and/or behavioral support to our staffing
- We have shifted our patients with stable chronic conditions to telehealth
- We have lost significant staff time to cleaning responsibilities
- We have made significant investments in cleaning supplies
- We have reduced our hours to stay financially solvent
- We have increased our hours since we now see fewer patients in one hour
- Other (please specify)

6. FLASH QUESTION B: FOR THE NEXT 4 WEEKS, are you likely to... *Please check all that apply*

- ... reduce the number of patients you see in person?
- ... run out of PPE?
- ... have to reuse PPE?
- ... have enough billable services to stay open?
- ... have enough cash on hand to stay open?
- ... receive prospective payments from any payer?
- 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?
- ... 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
- Mental/Behavioral Health
- Pharmacy
- 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.*