



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 16 FIELDLED JULY 10 - 13, 2020

YOU SAID – ASK THIS: As states begin to open up, how are other practices adjusting their care delivery?

1. Please share up to 3 pandemic-related workflow changes that you have adopted in your practice and **you are so glad you did:**

- a.
- b.
- c.

2. Please share up to 3 pandemic-related workflow changes that you tried that didn't work out – **others would be wise to drop or avoid** them:

- a.
- b.
- c.

3. Stress level during the pandemic has changed little. When we ask about your stress level, what do you feel we most need to understand? *Please click all that apply.*

- The stress level is severe and constant – this is not hyperbole – keep asking
- My work environment is compromising my safety and that of my family
- I am maxed out with mental exhaustion
- I spend each week wondering if my practice and/or job will still be there next week
- My ability to bounce back and/or adjust to adversity has become limited
- I can do nothing each hour but react to the moment
- Other (please specify)

4. IN THE LAST 4 WEEKS, have any of these things happened in your practice? Please check all that apply.

- Practice members have quit saying that COVID-19 made work unsafe for them
- Furloughed clinicians and/or staff returned to work
- Clinician salaries have been skipped or deferred
- Preventive/chronic care visits deferred/delayed by patients
- Practice level stress returned to pre-pandemic levels
- We had increased in-person visits but we're now limiting them again
- In-person visits are down but overall contact with patients is high
- Our practice has stabilized into a comfortable new normal
- I was able to bill for the majority of the work I did
- We continue to see the negative health impact of chronic care visits deferred
- There is noticeable increase in practice stress because of a COVID-19 surge
- Other (please specify)

5. How are you doing with PPE? *Please check all that apply*

- I have enough to feel confident and safe
- My supply is severely limited – it feels **unsafe**
- I am reusing PPE, and feel safe doing so
- I am reusing PPE, but it does **not** feel safe
- I don't have PPE
- Other (please specify)

6. FLASH QUESTION: How has the use of telehealth effected your teamwork and team communication?

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.*