



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 17 FIELDDED JULY 24 - 27, 2020

1. **YOU SAID – ASK THIS:** Should schools in the US be opening for in-person classes?
2. **IN THE LAST 4 WEEKS,** have COVID-19 related changes and pressures in your practice put 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. **How does practice stress now compare with the first month of the pandemic?**
 - It seems worse – we are struggling
 - It seems worse – but we are sadly now used to it
 - It's the same – but over time, harder to bear
 - It's the same – but over time, we've adjusted
 - It's getting better
 - Other (please specify)
4. **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/furloughs of clinicians or staff
 - We have tried to hire new people but positions are hard to fill
 - The practice offers preventive and/or chronic care but patients are not scheduling them
 - Our patients with chronic conditions seem worse
 - Our patients are carrying a heavier than usual mental health burden
 - We have seen an increase of patients we suspect have COVID-19
 - In-person patient volume is 30% - 50% lower than normal
 - In-person visits are down but overall contact with patients is high
 - There is noticeable increase in practice stress because of a COVID-19 surge
 - We have had digital health billing denied
 - None
 - Other (please specify)
5. **OVER THE PAST 2 WEEKS,** 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

6. FLASH QUESTION: FOR THE NEXT 4 WEEKS, are you likely to...:

	Yes	No	Unsure	Unable to answer
... have enough staffing to stay open?				
... have enough billable work to stay open?				
... have enough cash on hand to stay open?				
... have private insurers pull back on payments for telemedicine?				
... reduce use of video-based care because payment is poor?				
... reduce use of phone-based care because payment is poor?				
... have clinician salaries skipped or deferred?				

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. Can you briefly describe what your new normal is?

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

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

- Yes
- No

18. 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.