



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 19 FIELDED AUGUST 21 - 24, 2020

1. **YOU SAID – ASK US THIS! OVER THE PAST 4 WEEKS**, have any of the following happened in your practice? During the pandemic, among our patients, we have... *Please check all that apply.*

- ... seen higher levels of **food insecurity**
- ... been more involved assisting with **food insecurity**
- ... seen higher levels of issues related to **domestic violence**
- ... been more involved assisting survivors of **domestic violence**
- ... seen higher levels of **housing insecurity**
- ... become more involved in issues of **housing insecurity**
- ... seen higher levels of struggle **paying bills**
- ... offered more assistance with or extensions for **health related bills**
- ... seen higher levels of **mental health concerns**
- ... become more involved in providing **mental health support**
- ... seen increased **weight gain**
- ... seen increased **substance abuse**
- ... seen increases with **sleep issues**
- ... seen overall reduction in **self care**
- None of these
- Other (please specify)

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

- My practice was closed
- My practice is considering bankruptcy
- Our practice has had layoffs/furloughs of clinicians or staff
- We have clinicians/staff members out due to illness or self-quarantine
- Fee for service volume is 30-50% lower than pre-pandemic levels
- In-person patient visits are 30-50% lower than pre-pandemic levels
- Insurers have pulled back on telehealth funding
- We have had telehealth billing denied
- We have reduced telehealth options due to lack of funding
- We have had to shut down previous quality initiatives
- We have cut back on the number of services we offer to patients
- We have reduced or eliminated participation in educational training
- We have reduced or eliminated our participation in research activities
- Lack of staffing has made it harder to meet patient needs
- None
- Other (please specify)

**4. FLASH QUESTION:** Thinking of your most recent experiences, please pick the best possible options for the statements below.

	Yes	No	Maybe	I don't know	N/A
Do you have regular contact with your public health department?					
Are you able to assist your patients with their mental health concerns?					
Has your practice been involved in contact tracing?					
Are you currently receiving financial support through federal programs (CARES, SBA, PPP, PRF)?					
Are you currently receiving financial support through federal programs (CARES, SBA, PPP, PRF)?					
Are you confident in the ability of your practice to stay open for the next 4 weeks?					
Do you think primary care would benefit from a greater than 50% fee for service payment model?					
Do you think primary care would benefit from a greater than 50% capitated payment model?					
Are you considering leaving primary care?					

**So that we can better understand your answers, please respond to the following:**

**5. 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

**6. Is the size of your practice...**

- ... 1-3 clinicians?
- ... 4-9 clinicians?
- ... greater than 10 clinicians?

**7. 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)

**8. 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

**9. 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				

**10. What is your specialty?**

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Mental/Behavioral Health
- Pharmacy
- Other (please specify)

**11. What type of certification do you have?**

- MD
- DO
- NP
- PA
- PhD
- PharmD
- Other (please specify)

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

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

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

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

- Yes

- No

**16. 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.**