



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 2 FIELDLED MARCH 20 – 23, 2020

1. What is the capacity of your practice to test patients for COVID-19? Please select the best answer.

- 1 – We have no current capacity
- 2 – We have capacity based on CDC guidelines/restrictions only
- 3 – We have capacity beyond CDC guidelines/restrictions based on clinician judgement
- 4 – We can test anyone for any reason

2. Is the current status of COVID-19 in the US 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
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3. Has COVID-19 led to any of the following stresses in your practice? Please check all that apply.

- Clinicians (e.g., MDs, DOs, NPs, PAs) out due to illness or self-quarantine
- Nursing staff (e.g., RNs, LVNs, MAs) out due to illness or self-quarantine
- Front desk out due to illness or self-quarantine
- Not enough sick visits available
- Large number of patient questions via phone/portal/secure message
- Lack of supplies to treat patients
- Limiting well/chronic care visits to minimize exposure for healthy patients
- Limiting well/chronic care visits to make space for sick visits
- None

4. Approximately what percentage of office visits/contacts were ...

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
... handled through video?											
... handled through telephone visits?											
... handled through e-visits?											
Handled in the parking lot outside the office?											
... handled through patient portal or secure messaging?											
... routine visits, such as well, chronic care, or non-COVID-19 acute visits?											
... reimbursable?											

5. Regarding telehealth visits, please answer yes or no as appropriate.

	Yes	No
Are they now reimbursed for your insured patients?		
Are they now reimbursed for our Medicaid patients?		
Do you know how you will be paid for telehealth visits?		
Are patients generally accepting of telehealth visits?		
Will you continue with telehealth visits the same way after COVID-19?		

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

6. Is your practice...

	Yes	No
... a rural practice?		
... larger than 3 clinicians?		
... more than 50% commercially insured patients?		
... owned by you?		
... owned by an academic center?		
... a community health center, FQHC, or RQHC?		

7. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Other (please specify)

8. In what state is your practice located?

9. Is there anything else you would like us to know about your current experience managing COVID-19 patients and concerns?

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

- Yes
- No
- I think I'm already subscribed

11. 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.