



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 20 FIELDDED SEPTEMBER 4 - 8, 2020

1. YOU SAID – ASK US THIS! OVER THE NEXT 4 WEEKS, what pressures are you facing in your practice? *Please check all that apply.*

- ... empty clinical positions that we cannot fill
- ... clinicians limiting their availability due to child care needs
- ... clinicians limiting their availability due to elder care needs
- ... empty staff positions that we cannot fill
- ... staff limiting their availability due to child care needs
- ... staff limiting their availability due to elder care needs
- ... difficulty getting enough PPE to meet office needs
- ... difficulty getting enough COVID-19 testing supplies to meet office needs (e.g., swabs, reagents)
- ... insurers have pulled back on telehealth
- ... previous pandemic financial support has run out or will soon
- ... we work longer hours to maintain practice patient volume and it still isn't back to pre-pandemic levels
- ... we are unable to buy needed supplies for flu season
- 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. Which of these things is TRUE for practice? *Please check all that apply.*

- We have the same number of clinicians working the same hours as compared to pre-pandemic levels.
- We have the same number of staff working the same hours as compared to pre-pandemic levels.
- Our fee for service volume is within 10% of pre-pandemic levels
- Our fee for service volume is 30-50% below normal and will be for a while
- Our in-person patient volume is within 10% of pre-pandemic levels
- Our in-person patient volume is 30-50% below normal and will be for a while
- Use of telehealth is below what would be helpful but we lack sufficient funding to increase
- Use of telehealth is above what seems good medicine but we need to maintain patient volume
- Without additional state or federal support, we will likely close before December
- Members of our practice have retired early because of the pandemic
- Members of our practice have left primary care because of the pandemic
- My mental exhaustion from work is at an all time high
- My sense of purpose in primary care is at an all time high
- None
- Other (please specify)

4. FLASH QUESTION: Many say primary care has bounced back - no need for concern. Volume is close to normal, loans have filled the gap, patients' needs are being met, the workforce has recovered. How would you reply?

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?
- ... primary care and an academic or residency 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				
... uninsured				
... 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, or any questions you would like to ask us?

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.*