



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 21 FIELDED SEPTEMBER 18 - 21, 2020

**1. YOU SAID – ASK US THIS!** What have you noticed in your practice or of yourself? *Please check all that apply*

- Women members of the office are losing more hours than men to pandemic related child or elder care needs
- In person volume is within 10% of pre-pandemic levels
- Fee for service volume is within 10% of pre-pandemic levels
- Practice revenue is within 10% of pre-pandemic levels
- When we furloughed practice members, it did not mean sending them home, it meant reducing their hours
- We did not furlough practice members during the pandemic
- Practice clinicians and staff continue to feel pandemic caused frustration, anxiety, and low morale
- The need to be on constant high alert in the practice is mentally exhausting
- We have had clinicians retire early, or plan for early retirement, because of COVID-19
- We have had clinicians leave the practice, or plan to leave the practice soon, because of COVID-19
- The news reports PPE is available, but we can't easily find it
- Practice members are experiencing video fatigue - strained eyes, strained neck, low energy from video reliance
- None of these
- I now work many hours unpaid (please write number of hours worked unpaid) \_\_\_\_\_

**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
------------------------------------	-------------------------	-------------------------	-------------------------	--

**3. Which of these things is TRUE for practice?** *Please check all that apply.*

- We have permanently lost practice members because of COVID-19 (e.g., quit, sick, early retirement)
- I am uncertain if my practice will remain open past December 2020 without financial assistance
- It will take us more than one year to recover from financial losses incurred during the pandemic
- My level of mental and/or emotional exhaustion is at an all-time high
- Our practice is economically stabilizing, but practice members are clinically fragile
- When available, our office will be providing rapid testing for the virus that causes COVID-19
- At least 30% of the work done by the practice is unpaid
- We will soon need to repay pandemic-incurred loans and I am worried about that strain on our practice
- Our practice or health system received financial relief, but clinicians and staff did not
- Our patients with chronic conditions are in noticeably worse health resulting from the pandemic
- The physical health of our patients has decreased during the pandemic
- The mental health of our patients has decreased during the pandemic
- None
- Other (please specify)

**4. FLASH QUESTION:** How are you preparing for flu season? For example, will do rapid flu testing, are you able to get the supplies you need, do you have a plan for how to handle respiratory symptoms...?

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

**5. Is your practice...**

- ... owned by you?
- ... independent and 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?
- ... a convenience care setting (retail, walk in, urgent?)
- ... a 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%	10-19%	20-49%	>50%	Don't know	N/A
... Medicaid						
... Medicare						
... value based payment						
... 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. Are you willing to participate in other research activities** with our team? If so, please leave your email address here. *Your email address will not be shared or used for any other reason.*

**16. Are you willing to talk to a reporter** about your experiences in a practice during the pandemic? If so, please leave your email address here. *Your email address will not be shared or used for any other reason.*

**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.*