



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 22 FIELDDED OCTOBER 16 - 19, 2020

1. YOU SAID - ASK US THIS! Rapid, short answer questions. *If the question does not apply to you, simply write N/A.*

- How do you determine if the PPE you have is good quality?
- How has the pandemic affected your ability to teach medical students?
- In what way do you work with the local public health department?

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. STRESSORS. *Over the last 4 weeks,* which of these things are true for your practice? *Please check all that apply*

- We have permanently lost practice members because of COVID-19 (e.g., quit, sick, early retirement)
- Our patients with chronic conditions are in noticeably worse health resulting from the pandemic
- We have seen an increase in negative health burden due to delayed or inaccessible care
- The mental health of our patients has decreased during the pandemic
- We have seen an increase in patients suffering with addiction
- We have added capacity to help patients with mental or behavioral health
- We have increased our connections to community organizations
- We are more involved helping patients with poor access to food, housing, or employment
- I cannot get patients tested for COVID-19 as often as I feel I should
- I am able to get patients tested for COVID-19 but results take more than 2 days to receive
- We have seen a rise of COVID-19 illness in our community
- We lack PPE
- Low amounts of PPE and/or reuse of PPE makes me feel unsafe at work
- We have no flu vaccine
- We are unable to pay some of our bills
- We are having trouble hiring new staff
- Other (please specify)

4. TELEHEALTH. *Over the past 4 weeks,* how would you describe your use of video and phone based care? *Please check all that apply*

- I use video-based care for at least 20% of my patients
- I use phone-based care for at least 20% of my patients
- I would like to use video-based care more but can't because of low reimbursement
- I would like to use phone-based care more but can't because of low reimbursement
- Telehealth has been important for my capacity to see patients
- Use of telehealth has made access harder for some of my patients
- We use telehealth to screen sick patients to prevent unnecessary exposure within the practice

- We use telehealth for visits with patients who have stable chronic conditions
- We use telehealth for mental health visits with our patients
- We have started to increase use of telehealth as part of our plan for flu season
- Increased use of telehealth will now always be part of our practice
- None of these

5. FLASH QUESTION: We have heard concerns about vaccine hesitancy. What can you tell us about your patients' attitudes towards either the flu vaccine or a potential COVID-19 vaccine?

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

6. 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

7. Is the size of your practice...

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

8. 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)

9. Is your practice... Please check all that apply

- ... a rural practice?
- ... a community health center?
- ... an FQHC or FQHC look alike?
- ... a free and charitable clinic?
- ... designated patient-centered primary care home?
- ... located within an office, school, or college?
- None of the above

10. 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						

11. Are you... *Please check all that apply*

- An owner or partner in your practice
- Self employed
- An employee in a hospital or health system
- An employee in an independent practice
- A volunteer
- Other (please specify)

12. What is your specialty?

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

13. What type of certification do you have?

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

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

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

16. 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?

17. 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.*

18. 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.*

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

- Yes
- No

20. 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.*