



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 23 FIELDED NOVEMBER 13 - 17, 2020

1. **YOU SAID - ASK US THIS!** How is your practice handling COVID-19 testing for your patients? (e.g., are you testing in-house; what process are you using; are you sending patients out for testing, and if so, where?)

2. **OVER THE LAST 7 DAYS**, 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. **STRESSORS.** Over the last 4 weeks, which of these things are true for your practice? *Please click all that apply*

- We have permanently lost practice members because of COVID-19 (e.g., quit, sick, early retirement)
- We have clinicians out due to illness/self-quarantine
- We have clinicians that have been redeployed to other locations in response to the surge
- We have staff out due to illness/self-quarantine
- We have empty staff positions and cannot fill them
- We have seen avoidable negative impact on patient's health due to delayed or inaccessible care
- The mental health of our patients has worsened during the pandemic
- I cannot get patients tested for COVID-19 as often as I feel I should
- Practice members are experiencing health issues related to excess stress and fatigue
- Other (please specify)

4. **WHERE IS CARE DELIVERY HAPPENING.** Over the past 4 weeks, how would you characterize the modes of care delivered? *Please check all that apply*

- I used **video**-based care for at least 20% of my patients
- I used **phone**-based care for at least 20% of my patients
- All patient visits were **in person**
- We used telehealth for visits with patients who have stable chronic conditions
- We used telehealth for mental or behavioral health counseling
- We added or increased home-based visits
- We added or increased nursing home and/or assisted living facility visits
- We referred patients with respiratory symptoms to a special designated respiratory clinic
- None of these

5. **SUPPLY CHAIN.** Over the past 4 weeks, which of the following are true? *Please check all that apply*

- We lack PPE
- Our level of PPE or reuse of PPE makes me feel unsafe
- We lack testing supplies for COVID-19 (e.g., reagents, swabs)
- We lack flu vaccine
- We lack sufficient supply of syringes
- None of these
- Other (please specify)

6. INFO-DEMIG. Over the past 4 weeks, which of the following are true? *Please check all that apply*

- We are often overwhelmed with the volume of patient questions
- We are often overwhelmed with the constantly changing protocols, billing codes, or COVID-19 information
- We spend a significant amount of time combatting misinformation about the pandemic among our patients
- Patient distrust of medical information from public leaders has increased
- Patient distrust of medical information from primary care and our practice has increased
- We were unable to get reliable information regarding the prevalence of COVID-19 in our area
- Other (please specify)

7. SOCIAL DRIVERS OF HEALTH. Over the past 4 weeks, what have you noticed among your patients and have you been able to respond? We've... *Please check all that apply*

- Seen higher levels of food insecurity
- Been more involved assisting with food insecurity
- Seen higher levels of housing insecurity
- Become more involved in issues of housing insecurity
- Seen higher levels of unemployment among patients
- Seen an increase in loss of health insurance among patients
- Seen higher levels of mental health concerns
- Become more involved in providing mental health support
- Seen increased substance abuse
- Become more involved in treating substance abuse
- Waived copays and reduced fees to accommodate loss of employment and/or health insurance
- None of these
- Other (please specify)

8. HOW IS PRACTICE STABILITY. *Please check the best possible answer.*

	Yes	No	Unsure	Employed so cannot answer	N/A
My practice is closing or has closed					
My practice is merging/has merged with a larger system					
Our FFS volume \geq 30% lower than pre-pandemic level					
Most video visits are covered at parity with in person visits					
Most phone visits are covered at parity with in person visits					
Clinician salaries have been reduced/skipped					
None of these					

9. FLASH QUESTION: What effect is the current surge in COVID-19 having on your practice, if any?

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

10. 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

11. Is the size of your practice...

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

12. 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)

13. 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

14. 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						

15. 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)

16. What is your specialty?

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

17. What type of certification do you have?

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

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

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

20. 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?

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

- Yes
- No

22. 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.*