



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 24 FIELDDED DECEMBER 11 - 15, 2020

## 1. YOU SAID - ASK US THIS! *Please check all that apply.*

- My practice is eligible for government financial support
- We have received some financial relief or assistance from our landlord or vendors
- My employer is requiring I take the COVID-19 vaccine, once available
- I will voluntarily take the COVID-19 vaccine, when available
- I will recommend the COVID-19 vaccine to my patients, when available
- The average length of patient visits is longer during the pandemic
- The number of issues addressed per patient visit has increased during the pandemic
- The complexity of patient visits has increased during the pandemic
- The level of PPE or low volume of PPE in my practice make me feel unsafe
- None of the above
- Other (please specify)

## 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
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**HOW ARE YOU NOW?** – We ask the following questions twice. First – how would you (or did you) answer the question at the start of the pandemic (Mar/Apr). Second – how would you answer the question now.

## 3. DURING MARCH/APRIL of this year, I would have said... *Please check all that apply*

- My mental stress/exhaustion is at an all-time high
- The mental stress/exhaustion in my practice is at an all-time high
- My practice is paid for less than 50% of work done
- Unrelated to COVID-19, the health of my patients is suffering because of the pandemic
- Without federal or state support, my practice will close
- My practice is going to close/is closing
- I plan to retire early/leave primary care
- We are ready and able to meet the health needs of the population
- We will be ready and able to distribute a COVID-19 vaccine, when available

## 4. IN NOVEMBER/DECEMBER of this year, in comparison to March/April ... *Please mark the best possible answer for each row*

	Much worse	Worse but I'm managing	Same	Less now	Never an issue	N/A
My mental stress/ exhaustion is at an all-time high						
The mental stress/exhaustion in my practice is at an all-time high						

My practice is paid for less than 50% of work done						
Unrelated to COVID-19, the health of my patients is suffering because of the pandemic						
Without federal or state assistance, the pandemic will cause the closure of my practice						
My practice is going to close/is closing						
I plan to retire early/leave primary care						
We are ready and able to meet the health needs of the population						
We will be ready and able to distribute a COVID-19 vaccine, when available						

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

- Clinicians are out due to illness/self-quarantine
- Clinicians have been redeployed to other locations
- Clinicians have limited hours because of competing child/elder care needs
- Staff are out due to illness/self-quarantine
- Staff have limited hours because of competing child/elder care needs
- We now have staff dedicated to COVID-19 testing
- We have empty staff positions and cannot fill them
- We have a reduced number of wellness and preventive visits
- We have a reduced number of routine visits for patients with chronic conditions
- The number of patients struggling to afford/pick up medicines has increased
- It has been harder to schedule a patient with a therapist or psychiatrist
- Other (please specify)

**6. TELEHEALTH.** OVER THE PAST 4 WEEKS, for you and your patients, would you say... *Please check one response per row*

	Have increased	Have decreased	Have not changed	Are not happening	N/A
... in-person visits					
... video visits					
... phone visits					
... total number of visits					
... patient text messages					
... patient emails					
... patient use of portals					
... patient questions					

**7. MOTIVATIONS FOR TELEHEALTH USE.** If you have seen an increase in telehealth use, what would you identify as your main motivations ... *Please check all that apply*

- Practice policy
- Patient interest
- Shift in payment for telehealth
- Shift in concerns for safety within the practice
- Shift in concern for my own safety
- None of these
- No increase in telehealth use noted
- Other (please specify)

**8. COVID-19 TESTING.** OVER THE PAST 4 WEEKS, which of the following are true? *Please check all that apply*

- I have been able to use rapid COVID-19 testing in my office
- I am able to have any patient tested for COVID-19 for any reason
- I **refer** patients **within our system** for testing
- I **refer** patients to **retail** locations for testing
- I have had trouble getting testing supplies I need (e.g., reagents, swabs)
- My patients wait days for either testing or their results
- I am able to get patients tested but the results are not reported to me
- We have had to ration the use of testing in our office
- Other (please specify)

**9. COVID-19 VACCINE USE AND DISSEMINATION.** *Please check all that apply*

- Our practice is expecting to offer the COVID-19 vaccine, when available
- We know **where** we are getting the vaccine from for our practice
- We know **when** we are getting the first batch of vaccine in our practice
- We know **how** we will manage distribution of vaccine in our practice
- We know **how** we will be able to store the vaccine in our practice
- We have enough staff available to administer the vaccine in our practice
- We lack the finances to pay for the vaccine and/or its storage in our practice
- We will not get the vaccine but will **refer** our patients to a known **system location**
- We will not get the vaccine but will refer our patients to a known **retail location**
- We will **not be recommending** the vaccine
- Other (please specify)

**10. VACCINE HESITANCY.** What do you think are the biggest concerns for your patients when considering the COVID-19 vaccine? *Please check all that apply*

- I have no way of knowing
- We think our patients will mostly be receptive to taking the vaccine
- Our vulnerable patients (e.g., seniors, those with COPD or asthma) have already asked for the vaccine
- Patients distrust information from the Trump administration
- Patients distrust information from the CDC
- Patients distrust information from public health leaders
- Patients worry the vaccine was developed too quickly to be safe
- Patients worry about unknown side effects

- Patients worry it will give them COVID-19
- Patients worry about the use of RNA
- Other (please specify)

**11. FLASH QUESTION:** Share an extraordinary moment! Please tell us about a time recently when you saw someone in primary care do something that exemplifies the heart of what it means to be a primary care healer in challenging times.

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

**12. 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

**13. Is the size of your practice...**

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

**14. 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)

**15. 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

**16. Roughly how much of your practice is... Please check the 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						

**17. 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)

**18. What is your specialty?**

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

**19. What type of certification do you have?**

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

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

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

**22. 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 us to ask?**

**23. Results from this series week will be shared with be shared with the Biden COVID-19 Task Force as well as Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer. If you would like to share a personal message, please proceed to the next page. If not, please skip the next two pages and proceed to the last page.**

Using the structured format below, let us share something of your personal experience with our policy leaders as they consider another stimulus bill.

**24. My name is** *(first name only, please)*

**25. I am a primary care** *(pick the answer that best represents you)*

- Physician
- Nurse practitioner
- Physician assistant
- Nurse
- Medical assistant
- Behavioral/mental health specialist
- Practice team member

**26. I work in** *(pick the setting that best represents you)*

- my own practice
- a hospital practice
- a health system practice
- a community health center
- a safety net clinic
- a free or charitable clinic
- a large medical group
- a government practice
- a direct primary care practice
- a retail clinic
- a primary care setting

**27. Is your setting** *(please pick the type of geographic setting that best fits you)*

- rural
- suburban
- urban

**28. What is your state?**

**29. Because of the pandemic, I** *(select up to 3 answers)*

- closed my office
- sold my practice to a larger group
- lost my job
- have gone into debt
- had members of my practice furloughed or laid-off
- have seen dramatic increase in housing, food, and/or insurance fragility among my patients
- have seen dramatic increase in substance use and mental health concerns among my patients
- had practice members (or myself) out and presumed infected with COVID-19 due to lack of PPE
- had patients who were likely infected with COVID-19 but could not be tested
- saw patients die from COVID-19

- saw patients die from COVID-19 related gaps in care
- Other (please specify)

**30. Primary care needs your help because** *(select up to 3 answers)*

- we are about to collapse
- without it we will not survive
- so many are choosing to retire early or leave practice because it is too dangerous without proper resources
- our pipeline for new primary care workforce members is now shrinking
- we are unable to meet the current level of population need and it's getting worse
- we have received little help to this point and are fragile
- distribution of a vaccine is going to require healthy primary care infrastructure
- practices do not have the resources to compete for supplies like PPE on the open market
- the federal government needs to help build trust in the health care system
- we barely survived the first wave and surge... we cannot survive the next
- if primary care fails, the health system goes with it
- we are not ready for the next wave of the pandemic or the long term health impacts of COVID-19
- without it we will see dramatic increases in all disease morbidity and mortality (we have published findings on this from the first wave)
- if I close, people in my community have no other access
- Other (please specify)

**31. You have a chance to help us by** *(select up to 3 answers)*

- sustaining **all** telehealth payments at parity permanently
- targeting primary care with immediate financial relief
- publicly pressuring private insurers and self-insured businesses to increase their financial support of primary care
- enacting federal coordination and subsidies for primary care purchase of PPE and COVID-19 testing and vaccination supplies
- developing a clear distribution plan for a COVID-19 vaccine that is clearly communicated
- providing federal guidance on masks, social distancing, and length of quarantine time
- moving to adopt universal health care coverage for all Americans
- announcing federal intention to dismantle regulatory and financial obstacles to team-based care
- announcing and establishing a federal group to assess primary care vulnerabilities during the pandemic and what actions would prevent them in the future
- demonstrating a national commitment to support primary care focus as foundational to the nation's health and worthy of significant investment
- Other (please specify)

**32.** 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.*

**33.** 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.*

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

- Yes
- No

**35.** Please enter your email address to **receive the survey invitation**. We will not use your email address for anything else and it will not be shared for any reason.