



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 26 FIELDED FEBRUARY 12 - 16, 2021

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

- Clinicians agree, but staff in our practice are hesitant to support use of COVID-19 vaccines
- I have had COVID-19, most likely acquired in my practice
- I personally know clinicians who have died from COVID-19
- I personally know clinicians who have quit or retired early because of the pandemic
- I have noticed my relationship with patients has been key to helping with their vaccine hesitancy
- We have seen a negative health impact among our patients unable/unwilling to get preventive care during the pandemic
- In our patients with chronic conditions, we have seen an increase in illness severity
- I have increased unpaid or volunteer hours to help meet patient needs during the pandemic
- I am using telehealth (video or phone) for at least 30% of my patient visits
- My own health has suffered greatly - both mentally and physically - during the pandemic
- None of the above

2. Approximately what **percent of your practice members have been vaccinated** (clinicians and staff)? *Choose a percentage that represents your best approximation.*

<input type="radio"/> 0%	<input type="radio"/> 10%	<input type="radio"/> 20%	<input type="radio"/> 30%	<input type="radio"/> 40%	<input type="radio"/> 50%	<input type="radio"/> 60%	<input type="radio"/> 70%	<input type="radio"/> 80%	<input type="radio"/> 90%	<input type="radio"/> 100%
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3. **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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4. **STRESSORS**. Over the last 4 weeks, which of these things are true for your practice? *Please check all that apply.*

- We have clinicians/staff who are out due to illness/self-quarantine
- We have empty clinician/staff positions we cannot fill
- We have practice members with COVID-19, or long haul COVID-19, who have run out of benefits
- We have patients with COVID-19, or long haul COVID-19, who have run out of benefits
- We have seen increased demand in our practice as other area hospitals or practices are at max capacity
- I spend significant time trying to find COVID-19 vaccine for my most vulnerable patients
- We want to administer the vaccine at our practice but cannot get access to it
- We want to administer the vaccine at our practice but have received very limited supply
- We were going to administer the vaccine at our practice but it was too hard to get and we gave up
- Prevalence of community violence as experienced by my patients has risen during the pandemic
- Prevalence of addiction among my patients has risen during the pandemic
- I am fielding weekly calls from patients or colleagues who are experiencing a mental health crisis
- I have seen an increase in obesity among my patients during the pandemic
- Other (please specify)

5. TELEHEALTH. OVER THE LAST 4 WEEKS, what has been your experience with telehealth (video or phone based care)? It has been helpful for... *Please check all that apply. If not applicable, please choose "Neutral or N/A"*

	It's great for this!	More help than not	Neutral or N/A	More bad than not	Eh! Don't do it!
Improving access in general					
Reaching my vulnerable patients					
My capacity to see patients					
Visits with established patients					
Visits with new patients					
Mental/behavioral health visits					
Well child exams					
Adult prevention					
Acute illness or injuries					
Visits for chronic conditions					
Addiction-based visits					
Assessing ADLs and memory					
Other (please specify)					

6. COVID-19 VACCINE AND EQUITY. What have you noticed about vaccine availability and distribution in your community? *Please check all that apply.*

- Our front line responders are getting timely access
- Our essential workers are getting timely access
- Our patients over the age of 75 are being prioritized
- Our patients in communities with high positivity rates are being prioritized
- Mass vaccination sites are targeting previously hard to reach areas
- If not near a mass vaccination site or large health system, you're out of luck
- Minority communities are being prioritized
- Nursing home and long term care facilities are being prioritized
- My community is using primary care to help identify priority populations
- Those with privilege are having an easier time getting vaccinated
- The number of waiting lists and websites governing access to vaccine is creating confusion
- Seems like scheduling an appointment to get vaccine requires an advanced degree in IT or health literacy
- None of the above
- Other (please specify)

7. VACCINE ADMINISTRATION. What is your current status or position in the roll out of the vaccine thus far? *Please check all that apply.*

- My practice is seen to be a vaccination site by our health department, local hospital, and health system
- My practice is seen to be a vaccination site by our patients
- During the last 4 weeks, large businesses like Safeway and CVS had received vaccine, but not my practice

- Our local health department has initiated a reliable communication channel with my practice (or vice versa)
- My practice has been overlooked as a readily available vaccination site for our patients - we would happily be involved
- My practice doesn't want to be a vaccination site
- My practice is a major vaccinator in my community
- My practice has created eligibility groups among our patients and expects to contact them in order of priority for vaccination
- My practice is proactively reaching out to patients to get vaccinated based on local/state criteria
- My practice has partnered with local pharmacies to prioritize patients receiving the vaccine
- I can make no logical sense of the order in which people are being vaccinated in my community
- Other (please specify)

8. FLASH QUESTION - LONG HAUL COVID-19. Little is known about long haul COVID in primary care settings. Please tell us about your experience - from if you are seeing it, to what it looks like, to how it effects your business or clinical practice, to how it effects your patients. *If not applicable, please write N/A.*

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

9. 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

10. Is the size of your practice

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

11. 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)

12. 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

13. Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A. Be sure to answer every row.

	<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						

14. 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)

15. What is your specialty?

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

16. What type of certification do you have?

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

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

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

- 19. 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?**
- 20. 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.***
- 21. 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.***
- 22. Would you like to receive an email invitation to this survey each week?**
- Yes
 - No
- 23. 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.***