



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 27 FIELDED MARCH 12 - 16, 2021

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

- As soon as the pandemic crunch is over, I am leaving primary care
- 5 years from now, I expect I will no longer be working in primary care
- I worry about misdiagnoses due to lack of in-person care
- I worry that over confidence in vaccines will cause a spike in COVID-19 infections
- Patients are calling our practice and demanding to be vaccinated
- I have discovered great courage among my practice members during the pandemic
- I have discovered great courage among my patients during the pandemic
- During the pandemic I have become more connected than ever to my patients
- None of the above

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. ANNIVERSARY STRESSORS. A year later, we return to some early questions to compare where we are now with where we were then. Which of the following are true for you or your practice? *Please check all that apply.*

- We have capacity within our practice to test for COVID-19
- We have capacity within our health system to test for COVID-19
- We have clinicians out due to illness or self-quarantine
- We have nursing and/or practice staff out due to illness or self-quarantine
- We are limiting well/chronic care visits to minimize exposure for healthy patients
- We lack adequate personal protective equipment (PPE)
- My ability to bounce back and/or adjust to adversity has become limited
- My burnout is at an all-time high
- Other (please specify)

4. ANNIVERSARY SUSTAINABILITY. Based on your experience during the pandemic, with which of the following statements do you agree? *Please check all that apply.*

- Fee-for-service should account for the majority of primary care payment
- Value-based payments should account for the majority of primary care payment
- Capitation should account for the majority of primary care payment
- Payment we receive for COVID-19 testing does not cover the cost of providing this service to patients
- Payment we receive for COVID-19 vaccination does not cover the cost of providing this service to patients
- Our practice revenue is within 10% of pre-pandemic levels
- Compared to 6 months ago, cash flow has stabilized but financially we are fragile

- Though financial stable, the pandemic has left our practice members fragile
- Our finances are back to normal, we just want this thing over

5. TELEHEALTH. AT THIS POINT IN TIME... *Please check all that apply.*

- ... we rely on telehealth (either phone or video) for at least 50% of patient visits
- ... lack of broadband makes it difficult to use telehealth with at least 20% of my patients
- ... lack of computer literacy makes it difficult to use telehealth with at least 20% of my patients
- ... I am motivated to use telehealth to meet patient needs
- ... I am motivated to use telehealth because my patients really like it
- ... I have noticed that my telehealth appointments have significantly reduced our no-show rates
- Other (please specify)

6. COVID-19 VACCINE. Which of the following apply to your practice? *Please check all that apply.*

- My practice generally has a reliable vaccine vendor from whom we get regular deliveries
- My practice has a reliable vendor for COVID-19 vaccine and we know when we will receive it
- My state has actively engaged primary care to help with vaccination distribution
- My local health department or county has actively engaged primary care to help with vaccinations
- My practice is seen to be a vaccination site by our patients
- We are willing to administer COVID-19 vaccine
- We are ready and able to administer COVID-19 vaccine
- **(If yes to we are willing or ready) How many vaccinations** would you estimate your practice could deliver in one week? *Please enter a whole number. If your practice has multiple locations, please answer for the location in which you spend most of your time.*

7. PRIMARY CARE IMPACT. In what ways did primary care 'step up to the plate' during the pandemic? Did your practice... *Please check all that apply.*

- ... increase your support for patients with food insecurities
- ... increase your support for patients with housing insecurities
- ... increase offers of assistance for those with financial insecurity
- ... become more involved in mental health support
- ... ask more screening questions regarding domestic violence and child abuse
- ... add or extend services to patients not usually provided in order to prevent use of hospital or specialty care
- ... monitor COVID-19 positive patients at home or in the practice to prevent use of hospital or specialty care
- Other (please specify)

8. FLASH QUESTION A: Please briefly describe a critical weakness of primary care as revealed during the pandemic and that we need to address.

9. FLASH QUESTION B: Please briefly describe an unexpected moment of success or inspiration that will forever change your primary care practice.

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. 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						

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 us to ask?

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.*