



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 28 FIELDDED APRIL 9 - 13, 2021

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

- My practice is unable to pay bills on time
- The level of burnout in my practice has reached new heights
- My level of mental exhaustion is at an all-time high
- Our practice received adequate financial support from the government either through grants or loans
- We have lowered our referral rates to specialists during the pandemic
- I have needed mental health support during the pandemic
- Pandemic childcare demands prevented me from working pre-pandemic hours
- 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. PRACTICE STRAIN. How does the COVID-19 related strain in your practice compare with the strain experienced in May of last year?

- It seems **worse**, and we are **really struggling**
- It seems **worse**, but sadly we've gotten used to it
- It is the **same** but it **feels harder** now
- It is the **same**, but we've adjusted to it
- It's **getting better**

4. IN THE LAST 4 WEEKS, which of the following have been true for you or your practice? *Please check all that apply.*

- We have had clinician salaries skipped or deferred
- We have clinicians/staff out due to illness or quarantine
- We have empty clinician positions we cannot fill
- CMS has asked to recoup prospective payments from our practice
- Loans taken out during COVID are coming due now and we don't know how we can pay them
- Relief from documentation requirements during the pandemic has now ended
- We have seen COVID-19 cases increase in our community
- I am fielding weekly calls from patients or colleagues who are experiencing a mental health crisis
- Other (please specify)

5. TELEHEALTH. How is your time split among the following activities? What is your percent of time spent... *Please provide approximate percentages, with the total equaling 100%.*

- ... in face-to-face visits
- ... in video-based visits

- ... in phone-based visits
- ... documenting care
- ... answering patient questions
- ... other practice activities

6. VACCINE. AT THIS POINT IN TIME... *Please check all that apply.*

- My practice has received adequate amounts of vaccine for our patients
- We are administering COVID-19 vaccine in our practice
- We have partnered with local organizations or government to prioritize people for vaccination
- I have no idea if my patients are vaccinated or not
- It seems like it takes an advance degree in technology for patients to schedule vaccinations

7. TIME WARP - RETURNING QUESTIONS. OVER THE PAST 4 WEEKS, which of the following have occurred in your practice? Have you... *Please check all that apply.*

- ... monitored sick patients at home
- ... conducted well child visits
- ... kept up with routine child immunizations
- ... screened patients for social determinants of health
- ... conducted routine cancer screenings
- ... conducted chronic care follow up
- ... screened patients for PTSD
- ... screened patients for depression or anxiety
- ... screened patients for violence, abuse, or neglect
- ... screened for substance use or support needs

8. FLASH QUESTION: Has the pandemic caused you or your practice to partner with any of the following? *Please check all that apply.*

- Public health
- Local health system
- Mental health services
- Behavioral health services
- Local pharmacies
- Housing support
- Food pantries or banks
- Community organizations
- Other primary care practices
- Patients
- None of these
- Other (please specify)

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

- Yes
- No

21. 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.*