



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 29 FIELDDED JULY 9 - 13, 2021

1. YOU SAID - ASK US THIS! *Please check all that are true for you or your practice.*

- My hospital/health system is NOT using the new E&M codes
- Um... What new E&M codes?
- I am constantly lethargic and find it hard to find joy in anything
- I struggle to maintain clear thinking at times
- I wish we could just change to a hybrid capitation/FFS model and get on with it already
- I worry that primary care as we know it will be gone 5 years from now
- I believe the worst health impacts of the pandemic are behind us
- Within 3 years, I will be leaving practice
- 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. IF THERE WERE A GROUP IN OUR GOVERNMENT WHOSE JOB IT WAS TO ACT ON BEHALF OF PRIMARY CARE, what would you tell them their first three priorities should be? *Please check no more than 3.*

- Increase broadband access and infrastructure
- Protect primary care as a "common good" - available to anyone regardless of ability to pay
- Change primary care residency education to better reflect care delivered in the context of families and communities
- Change how primary care is financed so that it is not in direct competition with specialty care
- Change how primary care is paid, moving away from majority fee-for-service models
- Create greater protections of professionalism (autonomy, information mastery, decision making ability) among clinicians
- Revamp how electronic medical records are designed to better capture patient narratives and care delivery process
- Improve infrastructure to allow for beneficial health information exchange among care providers and clinicians
- Other (please specify)

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

- My practice HAS received adequate amounts of vaccine for our patients
- We have more vaccine than we can use
- We have partnered with local organizations or government to prioritize people for vaccination
- My practice has chosen not to administer COVID-19 vaccines
- I find I am more successful than not in overcoming vaccine hesitancy among my patients
- Vaccine hesitancy among patients not yet vaccinated is high and hard to counter
- Other (please specify)

5. FLASH QUESTION: Much about the pandemic has changed and not all of the pressures you face are just about the pandemic. What matters to you most over the next 6 months? Don't think long... just share what's on the top of your mind. A few words... so we know how best to support you.

- 1.
- 2.
- 3.

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

6. 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

7. Is the size of your practice

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

8. 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)

9. 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

10. 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						

11. 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)

12. What is your specialty?

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

13. What type of certification do you have?

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

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

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

16. 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?

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

- Yes
- No

18. 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.*