



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 4 FIELDLED APRIL 3 – 6, 2020

1. What is the capacity of your practice to test patients for COVID-19? *Please select the best answer.*

- 1 – We have no current capacity
- 2 – We have capacity based on CDC guidelines/restrictions only
- 3 – We have capacity beyond CDC guidelines/restrictions based on clinician judgement
- 4 – We can test anyone for any reason

2. Is the current status of COVID-19 in the US putting 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. Has COVID-19 led to any of the following stresses in your practice? *Please check all that apply.*

- Clinicians (e.g., MDs, DOs, NPs, PAs) out due to illness or self-quarantine
- Nursing staff (e.g., RNs, LVNs, MAs) out due to illness or self-quarantine
- Front desk out due to illness or self-quarantine
- Lack of personal protective equipment (PPE)
- Reusing PPE and/or relying on homemade PPE options
- Lack of basic supplies to treat patients
- Limiting well/chronic care visits for COVID-19 related reasons
- Increased number of patients with mental or emotional health needs
- Patients who can't use telehealth (no computer/internet)

4. Approximately what percentage of office visits/contacts **IN THE LAST WEEK** were ...

	None (0%)	A little (< 20%)	Some (20-50%)	A lot (> 50%)	Unsure
... handled through video					
... handled through telephone visits					
... handled through e-visits					
... handled through patient portal or secure messaging					
... handled in the parking lot					
... reimbursed					
... fee for service					
... covered by capitated payment					

5. FLASH QUESTION: IN THE PAST WEEK, what have been your priorities for patient care?

	High priority	Moderate priority	Low priority	Not a priority	No time for that
See patients with COVID-like symptoms face-to-face					
Virtually triage and refer patients with COVID-like symptoms					
Check on patients at home by phone					
Perform home visits					
Evaluate patient psychological or emotional concerns					
Schedule well child visit (under 3yo)					
Schedule preventive care (eg, screenings, vaccines)					
Redeploy clinicians or staff to new roles within the practice					
Redeploy clinicians or staff to other parts of the health system					

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

6. Is your practice...

	Yes	No
... a rural practice?		
... larger than 3 clinicians?		
... more than 50% Medicaid patients?		
... owned by you?		
... owned by an academic center?		
... a type of community health center?		

7. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Other (please specify)

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

9. Is there anything else you would like us to know about your current experience managing COVID-19 patients and related concerns?

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

- Yes
- No

11. 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.*