



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 5 FIELDED APRIL 10 – 13, 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
- Need to layoff or furlough practice members
- Limiting well/chronic care visits for COVID-19 related reasons
- Large decrease in patient volume
- Patients who can't use virtual care (no computer/internet)
- Rising family and economic concerns among patients
- Rising family and economic concerns among practice members

4. We would like to understand how much virtual care is now happening: a little, a lot, or not happening. Over the past week, how much of the care you've provided has generally been ...

	A little (< 20%)	Some (20-50%)	A lot (> 50%)	Not happening
... handled through video				
... handled through telephone visits				
... handled through e-visits				
... handled through portal or secure messaging				
... reimbursed				
... fee for service				
... covered by capitated payment				

5. **FLASH QUESTION:** FOR THE NEXT 4 WEEKS, are you likely to...

	Yes	No	Unsure
... have enough staffing to stay open?			
... have enough patient volume to stay open?			

... have enough cash on hand to stay open?			
... receive payment for your video and e-based care?			
... receive payment for your telephone-based care?			
... apply for SBA loan through CARES?			

**6. What are you noticing about how different patient groups (eg, ages, incomes, race/ethnicities) are affected by or are responding to COVID-19?**

**7. How is your practice different since COVID-19?**

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

**8. 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?		

**9. What is your specialty?**

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

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

**11. Is there anything else you would like us to know about your experience in primary care during this pandemic?**

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

- Yes
- No

**13. 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.***