



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 7 FIELDLED APRIL 24 – 27, 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
- Practice layoffs or furlough of clinicians or staff
- Limiting well/chronic care visits for COVID-19 related reasons
- Large decrease in patient volume
- Patients who struggle with virtual health (internet or technical limitations)

4. We would like to understand how much virtual care is now happening: a little, some, 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 in-person				
... reimbursed?				

5. **FLASH QUESTION A: 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?			
... apply for SBA or PPP financial assistance?			
... apply for a personal loan?			
... receive SBA loan or other financial assistance?			

6. FLASH QUESTION B: Thinking of your most recent experiences, please answer the questions below.

	Yes	No	Unsure	No comment
Do you have regular contact with your public health department?				
Should primary care practices be the preferred site for COVID-19 testing?				
Should primary care have a greater than 50% fee for service payment model?				
Should primary care have a greater than 50% capitated payment model?				

7. FLASH QUESTION C: How has COVID-19 affected your usual delivery of care? Are you currently able to...

	Yes	Yes, but less frequently	Not usually	Unsure	N/A
... address the preventive care needs of your patients?					
... address the chronic care needs of your patients?					
... maintain continuity of care with your patients?					
... coordinate the care your patients receive across care settings?					
... ask your patients about their general health goals?					
... ask your patients about advanced care planning?					

8. OVER THE PAST 4 WEEKS, approximately how many suspected COVID+ or COVID+ people have you...

	a few (<10)	some (11-39)	a lot (40-99)	too many to count (>100)	N/A
... tested in your practice?					
... triaged and referred for testing?					
... been unable to get tested?					
... treated through your practice?					
... sent to the ED or hospital for treatment?					
... quarantined at home?					
... monitored at home?					

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

9. Is your practice...

	Yes	No
... owned by you?		
... independent and part of a larger group?		

... owned by a hospital or health system?		
... a government owned practice?		
... a rural practice?		
... a community health center?		
... larger than 3 clinicians?		
... a primary care setting?		
... a convenience care setting (retail, walk in, urgent)?		
... a direct primary care or membership-based practice?		
... more than 10% Medicaid?		
... more than 10% Medicare?		

10. Do you think it is safe to open up the country?

- Yes
- No
- It depends...
- Unsure
- No comment

Briefly, what is the reason for your answer?

11. What is your specialty?

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

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

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

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

- Yes
- No

15. 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.*