



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 8 FIELDED MAY 1 – 4, 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 nursing staff
- Practice layoffs or furlough of front desk or administrative staff
- Limiting wellness and preventive care visits for COVID-19 related reasons
- Limiting chronic care visits for COVID-19 related reasons
- Greater than 50% decrease in pre-COVID-19 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:** How do you think your practice will be different after the COVID-19 pandemic ends? *Please check all that apply.*

- Patient volume from lack of attention to existing chronic conditions
- Patient volume from lack of attention to preventive care services
- Patient volume from lack of timely vaccinations and immunizations
- Patient volume from increase in mental health concerns related to anxiety and isolation
- Dramatic increases in prevalence of substance abuse
- Dramatic increases in prevalence of domestic violence

- Non-COVID-19 related deaths that resulted from care diverted or avoided
- Non-COVID-19 related illness that resulted from care diverted or avoided
- A broken sense of trust between the public and the medical world
- A broken sense of trust in usual safety-net systems
- That the US population and/or government has accepted the unacceptable
- That the majority of independent primary care practices will be gone
- That policies changed to support primary care during COVID-19 will be reversed once the pandemic lessens
- That the country will be opened too early increasing the harms of the predicted second wave of COVID-19
- That the primary care system will be overwhelmed by health needs pent up during the present pandemic
- Other (please specify)

6. How has use of virtual health or telehealth affected your relationship with patients?

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

7. 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?		
... 1-3 clinicians?		
... 4-9 clinicians?		
... greater than 10 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?		

8. What is your specialty?

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

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

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

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

- Yes
- No

12. 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.*