THE LARRY A. Green Center

QUICK COVID-19 PRIMARY CARE SURVEY

Series 9 fielded May 8 - 11,2020

- 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
 - o 2 We have capacity based on CDC guidelines/restrictions only
 - o 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?

o 1- no impact o 2	0 3	0 4	 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.
 - My practice was temporarily closed
 - My practice was permanently closed
 - I am unemployed
 - o Clinicians (e.g., MDs, DOs, NPs, PAs) out due to illness or self-quarantine
 - o Nursing staff (e.g., RNs, LVNs, MAs) out due to illness or self-quarantine
 - o Front desk out due to illness or self-quarantine
 - Lack of personal protective equipment (PPE)
 - o Practice layoffs/furlough of clinicians or staff
 - Limiting wellness and preventive care visits for COVID-19 related reasons
 - Limiting chronic care visits for COVID-19 related reasons
 - o Greater than 50% decrease in pre-COVID-19 patient volume
 - State based cuts to Medicaid funding
 - Virtual health or telehealth billing that was denied
 - o SBA, PPP, or personal loan application that was denied
 - Patients who struggle with virtual health (internet or technical limitations)
 - We withdrew pre-COVID commitments to hire new clinicians
 - o Burnout in our practice is at an all time high
 - o Financial stress in our practice is at an all time high
- **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.	What about	your virtual	health	capability?	Do you have
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	Yes, since before	yes, as a result	I'm working	No
	the pandemic	of the pandemic	on it	
the internet broadband access				
necessary?				
the equipment best suited for the				
need?				
the technical knowledge to use virtual				
platforms?				
the training to conduct virtual health				
with confidence?				
agreements from all payers to cover				
virtual health at parity with in-person				
visits?				

6. 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 a Small Business Administration loan?			
apply for a Paycheck Protection Program loan?			
apply for a personal loan?			

7. FLASH QUESTION B: During the PAST 4 WEEKS, did you...:

	Yes	No	Not eligible	Didn't Apply
receive a Small Business Administration loan?				
receive a Paycheck Protection Program loan?				
receive support from the Provider Relief Fund?				
receive a personal loan?				
receive donations from patients?				
receive payment for the majority of your e-visits				
(secure messaging or patient portal)?				
receive payment for the majority of your				
telephone based visits?				
receive prospective payment from CMS?				
receive prospective payment from private				
insurers?				

8. FLASH QUESTION C: Thinking about your practice today, consider the statements below and let us know if it is... **similar** to before the pandemic, **less of this now** than before the pandemic, or **not happening**.

	Similar	Less of this now	More of this now	Not happening	N/A
All clinicians working as usual					
All nursing staff working as usual					
All administrative staff working as usual					
Open for extended business hours					
I work before 8am					
I work after 6pm					
I work on Saturdays and Sundays					
We see patients in person					
We conduct video based health visits					
We conduct email (secure messaging) based visits					
We conduct telephone (call based) visits					
We reach out to patients proactively					
We fill out prior authorizations					
We fill out forms regarding patient health status					
We provide patients with mental health support					
inside our practice					
We refer patients to the emergency dept					
We refer patients for mental health outside of the					
practice					
We provide patients mental health support for					
patients within our practice					
Our debt load is usual					
Our expenses are usual					
Our accounts receivable are usual					
Payments to us cover care delivered					

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?		
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?	
10. What	is your specialty?	
0	Family medicine	
0	Internal medicine	
0	Pediatrics	

Other (please specify)

Geriatrics

- **11.** In what state is your practice located? If multi-state, please answer for the state in which your practice is located.
- **12. What is your zip code?** If multi-state, please answer for the state in which your practice is located.
- 13. If primary care were to receive the perfect solution appropriate financial support with minimal hassle to receive it what should primary care be willing to promise to the public and to payers?
- 14. Is there anything else you would like us to know about your experience in primary care during this pandemic?
- 15. Would you like to receive an email invitation to this survey each week?
 - Yes
 - o No
- **16. 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.

Results this week will be shared with be shared with Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer on May 13th. If you would like to share a personal message, please proceed.

Using the structured format below, let us share something of your personal experience with our policy leaders as they consider another stimulus bill.

- **17.** My name is (first name only, please)
- **18.** I am a primary care (pick the answer that best represents you)
 - o physician
 - o nurse practitioner
 - physician assistant
 - o nurse
 - medical assistant
 - o behavioral/mental health specialist
 - o practice team member
- **19.** and I work in (pick the setting that best represents you)

- o my own practice
- a hospital practice
- o a health system practice
- o a community health center
- o a large medical group
- o a government practice
- o a direct primary care practice
- o a convenience primary care practice (walk-in, retail, urgent care)
- o a primary care setting

20. Is your setting (please pick the type of geographic setting that best fits you)

- o Rural
- Suburban
- o Urban

21. What is your state?

22. Because of the pandemic, I... (select up to 3 answers)

- Closed my office
- May close my office
- o Lost my job
- Have gone into debt
- o Had members of my practice furloughed or layed-off
- o Was or was presumed infected with COVID-19 due to lack of PPE
- o Had practice members out and presumed infected with COVID-19 due to lack of PPE
- Had patients who were likely infected with COVID-19 but could not be tested
- o Saw patients die from COVID-19 or because of COVID-19 related gaps in care

23. Primary care needs your help because (select up to 3 answers)

- We are about to collapse
- We are drowning
- o If primary care fails, the health system goes with it
- We are not ready for the next wave of the pandemic
- o Without it we will see dramatic increases in all disease morbidity and mortality
- o If I close, people in my community have no other access
- Other (please specify up to 70 characters)