THE LARRY A. Green Genter

QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 30 FIELDED AUGUST 13-17, 2021

- 1. YOU SAID ASK US THIS! Please check all that are true for you or your practice.
 - I personally know primary care clinicians who have retired early or left practice because of the pandemic
 - o I personally know primary care practices that closed during the pandemic
 - o I have seen a rise in mental health issues among children (e.g., depression, anxiety, ADHD)
 - o COVID-19 is again surging in my area and I don't know if I can take it
 - I have fully vaccinated patients that are getting COVID-19
 - o I am concerned by the amount of vaccine I have seen wasted or expired in my practice
 - o I am unsure how to help my patients with long-haul COVID-19
 - None of the above
- 2. **OVER THE LAST 4 WEEKS**, have COVID-19 related changes and pressures in your practice put unusual strain on your practice?

| o 1- no impact | o 2 | 0 3 | 0 4 | o 5- severe impact |
|----------------|-----|-----|-----|--------------------|
|----------------|-----|-----|-----|--------------------|

- 3. IN THE LAST 4 WEEKS, have any of these things happened in your practice? Please check all that apply.
 - We are unable to hire clinicians for open positions in our practice
 - o We are unable to hire staff for open positions in our practice
 - Our practice revenue has yet to recover since the start of the pandemic
 - o Our practice debt load has increased by more than 20% during the pandemic
 - Our fee-for-service volume is down >20% below pre-pandemic norms
 - o Patient visits are more complex and take more time as a result of the pandemic
 - We are struggling to keep up with patient health needs due to pent up demand
 - o The poor mental health of our practice members is a constant worry now
 - o The level of PPE in my practice makes me feel unsafe
 - >75% of our practice members are fully vaccinated
 - <50% of our practice members are fully vaccinated</p>
 - o My practice is financially healthy
 - None of the above
- **4. VACCINE.** AT THIS POINT IN TIME... *Please check all that apply*.
 - My practice HAS received adequate amounts of vaccine for our patients
 - We have access to the vaccine but NOT ENOUGH
 - We can't get the COVID-19 vaccine, though we have tried
 - The cost of administering the COVID-19 vaccine outweighs payment received
 - We have patients asking for 3rd vaccine shot/booster
 - Vaccinating patients is now common in my practice part of routine care
 - My patients with cancer or transplant history are more vaccine hesitant than others
 - o Lack of full FDC approval makes me hesitant to recommend the COVID-19 vaccine to some patients
 - I've found more patients requesting the vaccine because of fear of the delta variant

- None of the above
- **5. VACCINE HESITANCY.** What is your experience with vaccine hesitant patients? In general... *Please check all that apply*.
 - One conversation is sufficient to change the mind of most vaccine hesitant people
 - 2-3 conversations are needed to change the mind of vaccine hesitant people
 - o Conversations with vaccine hesitant patients take about a minute
 - o Conversations with vaccine hesitant patients take several minutes
 - It is harder to change the minds of vaccine hesitant patients that are new to me
 - o I am able to change the minds of 20% of my vaccine hesitant patients
 - o I am able to change the minds of 30% of my vaccine hesitant patients
 - More often than not, I am able to change the minds of my vaccine hesitant patients
 - o For most of my vaccine hesitant patients, education on the issues can make a difference
 - o For most of my vaccine hesitant patients, it's a gut or political opinion that cannot be changed
 - I agree with my vaccine hesitant patients stop pushing!
 - o I no longer try to convert the vaccine hesitant it's just too hard
 - None of the above
- **6. TELEHEALTH.** At this point in time ... *Please check all that apply*.
 - o Payment for use of video and/or phone has been reduced so I have pulled back on these visits
 - We currently use video for at least 20% of visits
 - We currently use phone for at least 20% of visits
 - Use of telehealth has been essential to maintain access for my patients
 - o If regulations that were suspended to allow telehealth are restored, my practice will not be able to provide telehealth services
 - We have developed new work roles in the office as a result of telehealth needs
 - As a result of using telehealth during the pandemic, I now feel better about it
 - As a result of using telehealth during the pandemic, I now know why I don't like it
 - I worry that fascination with telehealth will weaken primary care
 - None of the above
- **7. FLASH QUESTION:** What, if anything, has your experience delivering care during the pandemic taught you about the role of relationships between clinicians and their patients? *If unable to answer, please type NA.*

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

- 8. Is your practice...
 - o ... owned by you?
 - ... independent but part of a larger group?
 - o ... owned by a hospital or health system?
 - o ... a government owned practice?
 - None of the above
- 9. Is the size of your practice
 - o ... 1-3 clinicians?

- ... 4-9 clinicians?... greater than 10 clinicians?
- 10. Is your practice setting...
 - o ... a primary care setting?
 - o ... primary care and a convenience care setting (retail, walk in, urgent?)
 - o ... direct primary care or membership-based practice?
 - o ... primary care and an academic or residency practice?
 - Other (please specify)
- 11. Is your practice... Please check all that apply.
 - o ... a rural practice?
 - o ... a community health center?
 - o ... an FQHC or FQHC look alike?
 - o ... a free and charitable clinic?
 - o ... designated patient-centered primary care home?
 - o ... located within an office, school, or college?
 - None of the above
- **12.** Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A. Be sure to answer every row.

| | <10% | 10-19% | 20-49% | >50% | Don't know | N/A |
|--------------------------------|------|--------|--------|------|------------|-----|
| Medicaid | | | | | | |
| Medicare | | | | | | |
| value based payment | | | | | | |
| uninsured | | | | | | |
| low income patients | | | | | | |
| non-English speaking patients | | | | | | |
| race/ethnic minority patients | | | | | | |
| patients with multiple chronic | | | | | | |
| conditions | | | | | | |

13. Are you... Please check all that apply

- An owner or partner in your practice
- Self employed
- o An employee in a hospital or health system
- An employee in an independent practice
- o A volunteer
- Other (please specify)

14. What is your specialty?

- o Family medicine
- o Internal medicine
- Pediatrics
- Geriatrics

| | 0 0 | Mental/Behavioral Health Pharmacy Other (please specify) | | | | |
|--|------------|---|--|--|--|--|
| 15 W | | type of certification do you have? | | | | |
| 15. 001 | iat | type of certification do you have: | | | | |
| | 0 | MD | | | | |
| | 0 | DO | | | | |
| | 0 | NP | | | | |
| | 0 | PA | | | | |
| | 0 | PhD | | | | |
| | 0 | PharmD | | | | |
| | 0 | Other (please specify) | | | | |
| | wha ate | It state is your practice located? <i>If multi-state, please answer for the state in which your practice is</i> | | | | |
| 17. W | nat i | s your zip code? If multi-state, please answer for the state in which your practice is located | | | | |
| | | e anything else you would like us to know about your experience in primary care during this mic, or any questions you would like us to ask? | | | | |
| 19. Wo | ould | you like to receive an email invitation to this survey each week? | | | | |
| | 0 | Yes | | | | |
| | 0 | No | | | | |
| 20. 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. | | | | | | |
| 21. W | ould | you be interested in participating in other research activities of the Green Center? | | | | |
| | 0 | Yes | | | | |
| | 0 | No | | | | |
| | | enter your email address here to join the Green Center Virtual Research Collaborative. We will e your email address for anything else and it will not be shared for any reason. | | | | |
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