



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 31 FIELDED SEPTEMBER 10-14, 2021

1. YOU SAID - ASK US THIS! *Please check all that are true for you or your practice.*

- COVID-19 vaccine hesitancy has negatively influenced opinions regarding vaccines in general
- Access to COVID-19 infection rates in my state are helpful to care delivery
- I can regularly access information about COVID-19 infection rates in my state
- My practice has easy access to convenient, affordable COVID-19 testing
- I have had to practice beyond my scope of training/comfort due to lack of ability to transfer patients to other settings
- I have unvaccinated patients who have lost their health insurance due to mandatory vaccination policies by their employer
- I have long haul COVID-19, or complications from COVID-19, and have run out of (or been denied) health benefits
- 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?

<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. OVER THE LAST 3 MONTHS, have any of these things happened in your practice as a result of the pandemic? *Please check all that apply.*

- The health of patients with previously well managed chronic conditions has become worse
- We have seen an increase in untreated dental health issues among patients
- We have seen an increase in untreated eye and eyesight issues among patients
- Access to hospital care is limited in my area
- Access to specialty care is limited in my area
- Members of my practice have experienced symptoms of depression and/or PTSD due to the pandemic
- None of the above

4. IN THE LAST YEAR, have any of these things happened in your practice? *Please check all that apply.*

- Change in the clinicians working in your office (clinician turnover)
- Change in the staff working in your office (staff turnover)
- New billing system
- New medical record
- New telehealth software
- Change in practice ownership
- Change in payment model
- You (personally or your practice) moved to a new office
- Your hours OR pay were reduced
- None of the above

5. COVID-19 VACCINE. At this point in time... *Please check all that apply.*

- My practice HAS received reasonable amounts of vaccine for our patients
- My practice is not offering vaccine in our office
- We plan to offer vaccine boosters when available
- Small dose vials (1-2 doses per vial) would greatly benefit vaccination efforts in my practice
- None of the above

6. RELATIONSHIPS WITH PATIENTS. During the pandemic, I have noticed the following... *Please check all that apply.*

- Televisits are better with already established patients
- Telehealth is helpful, but human touch remains an important aspect of primary care
- Communication and trust are more open with patients who know me
- Relationships with patients help to overcome misinformation and confusion regarding COVID-19
- Relationships are critical to patients feeling cared for and comforted
- A good relationship is often key for making a correct diagnosis
- Ability to know a patient as a person over time is one of the things I find most rewarding about my job
- None of the above

7. FLASH QUESTION: In your opinion, which of the following are likely true regarding long haul COVID-19 (i.e., COVID related symptoms or illness that extends for weeks or months)? *Please check all that apply.*

- Long haul COVID-19 is likely to be a new chronic condition, requiring regular clinical management over time
- The majority of long haul COVID-19 treatment and management is and will happen in primary care settings
- Current payment models are adequate to support care delivery for long haul COVID-19 patients
- Current levels of primary care workforce are adequate for taking on this new condition among the population
- Primary care workforce was too small before – we are not ready to handle the new health demands of long haul COVID-19
- Long haul COVID-19 is unlikely to lead to the need for significant changes in primary care
- None of the above

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

8. Is your practice...

- ... owned by you?
- ... independent but part of a larger group?
- ... owned by a hospital or health system?
- ... a government owned practice?
- None of the above

9. Is the size of your practice

- ... 1-3 clinicians?

- ... 4-9 clinicians?
- ... greater than 10 clinicians?

10. Is your practice setting...

- ... a primary care setting?
- ... primary care and a convenience care setting (retail, walk in, urgent?)
- ... direct primary care or membership-based practice?
- ... primary care and an academic or residency practice?
- Other (please specify)

11. Is your practice... Please check all that apply.

- ... a rural practice?
- ... a community health center?
- ... an FQHC or FQHC look alike?
- ... a free and charitable clinic?
- ... a designated patient-centered primary care home?
- ... 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
- An employee in a hospital or health system
- An employee in an independent practice
- A volunteer
- Other (please specify)

14. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics

- Mental/Behavioral Health
- Pharmacy
- Other (please specify)

15. What type of certification do you have?

- MD
- DO
- NP
- PA
- PhD
- PharmD
- Other (please specify)

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

17. What is your zip code? *If multi-state, please answer for the state in which your practice is located*

18. Is there anything else you would like us to know about your experience in primary care during this pandemic, or any questions you would like us to ask?

19. Would you like to receive an email invitation to this survey each time it is fielded?

- Yes
- 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. Would you be interested in participating in other research activities of the Green Center?

- Yes
- No

22. Please enter your email address here to join the Green Center Virtual Research Collaborative. *We will not use your email address for anything else and it will not be shared for any reason.*