



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 32 FIELDED OCTOBER 8-12, 2021

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

- Our practice uses non-approved treatments for COVID-19 (such as ivermectin)
- Wait times for new patients and/or preventive care visits are at record highs in our practice
- Access to specialty care for diagnostic testing, such as colonoscopies, is severely delayed
- Burnout/mental exhaustion in my practice is at an all time high
- Our practice offers monoclonal antibody infusions
- I receive calls weekly from health care colleagues in the midst of their own mental health crisis
- I have been approached by someone wanting to buy my practice within the last 60 days
- 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. MORE SPECIFICALLY, over the last 4 weeks, health issues among non-COVID-19 vaccinated have put unusual strain on my 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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4. PANDEMIC STATUS. Please tell us about the status of the pandemic in your area by checking all that apply.

- We are experiencing a COVID surge in our area
- Local hospitals are running out of resources
- Access to specialty care is limited in our area
- We provide COVID-19 vaccine BUT supply is not adequate to our needs
- We regularly provide COVID-19 testing in our practice
- Our COVID_19 testing supplies are not adequate to our needs
- We are fully staffed
- We are flooded to overwhelmed by patient needs
- Our practice is financially stable
- None of the above

5. PRACTICE CHANGE during the pandemic. How has the pandemic affected your practice? *Please check all that apply.*

- We have created new positions and roles in the practice to enable use of video and phone based care
- Clinicians have taken on more administrative tasks due to low staffing
- Video and phone based care have become essential to maintaining our practice capacity
- I have seen a rise in medical errors due to use of video and/or phone based care
- Since the start of the pandemic, we have added more mental/behavioral health support for our patients

- Because of the pandemic, we now work more closely with public health and/or community organizations
- None of the above

6. FLASH QUESTION – VISIT TYPES. Please let us know if you’ve seen more of these visit types, less of these, or about the same number when compared to pre-pandemic times.

	More	Less	Same	N/A
Visits for stable chronic conditions				
Home monitoring of patients				
Depression or anxiety related concerns				
Addiction related care				
Acute illness or acute pain				
Chronic pain management				
Respiratory symptoms				
Adult preventive care				
Well child visits				
Visits for non-stable chronic conditions				
Cancer survivorship care				
Visits with no chief complaint or specific concern				

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

7. 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

8. Is the size of your practice

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

9. 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)

10. 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

11. 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						

12. 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)

13. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Mental/Behavioral Health
- Pharmacy
- Other (please specify)

14. What type of certification do you have?

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

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

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

17. Mentioned above, Dr. Judith Steinberg is now Special Advisor in the immediate office of OASH. She will be assembling a team of federal agency partners and external stakeholders to develop a plan for the Department of Health and Human Services (HHS) that will include specific actions to be taken across HHS, along with goals, deliverables and timeline. **What would you most like her to know? What are you most immediate needs?** Please also feel free to share any additional thoughts with us.

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

- Yes
- No

19. 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.*

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

- Yes
- No

21. 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.*