



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 33 FIELDED NOVEMBER 12-16, 2021

**1. YOU SAID - ASK US THIS!** Many of you worry about the health of the primary care platform – you want to know if others agree. *Please check all that are true for you or your practice.*

- We have open clinician positions we cannot fill
- We have open staff positions we cannot fill
- We have current billing that is denied or well overdue from insurers and health plans
- I will be leaving primary care within 3 years
- We are getting more new patients because of other primary care practices that have closed
- I personally know clinicians who retired or quit during the pandemic
- We have reduced our participation in training of medical students and residents
- We have fewer people involved in direct patient care in our practice than before the pandemic
- We (primary care workforce) are clinically fragile – when is someone going to notice!
- 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. PRACTICE STATUS.** Over the last 4 weeks, which of these things were true for your practice? *Please check all that apply.*

- My mental stress/exhaustion is at an all-time high
- The mental stress/exhaustion in my practice is at an all-time high
- My practice has a vaccine mandate and it has caused people to quit
- Vaccine hesitancy among some practice members has created internal tensions
- Our practice administers COVID-19 vaccine
- We chose not to administer COVID-19 vaccine because of “the red tape” involved

**4. TELEHEALTH.** Over the last 4 weeks, how would you describe your use of video and phone-based care? *Please check all that apply.*

- I use video-based care for at least 20% of my patients
- I would like to use video-based care more but can't because of low reimbursement
- I use phone-based care for at least 20% of my patients
- I would like to use phone-based care more but can't because of low reimbursement
- Telehealth has been important for my capacity to see patients
- Telehealth has enabled me to reach more of my vulnerable patients
- We have increased use of telehealth during the flu/winter season
- I am confident in my use of telehealth with patients
- I have gained confidence in my use of telehealth during the pandemic
- Increased use of telehealth will now always be part of my practice
- Telehealth is easier with established patients
- None of the above

**5. MOTIVATIONS FOR TELEHEALTH USE.** Which of the following would you identify as your main motivations for use of telehealth? *Please check all that apply.*

- Practice policy
- Patient interest
- Shift in payment for telehealth (when supported with payment, I use it)
- Concerns about safety within the practice
- Concerns about my own safety
- Increasing access to care for patients
- Ability to see patients who previously had trouble coming in
- None of these

**6. FLASH QUESTION.** Please complete the three sentences below.

- When I am heading in to work, I feel... \_\_\_\_\_
- When I am leaving work for the day, I feel... \_\_\_\_\_
- The best part of my day is when... \_\_\_\_\_

**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. **Optional:** 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?
18. If you would like to **receive the survey invitation directly**, please enter your email address here. We will not use your email address for anything else and it will not be shared for any reason.
19. If you are willing to consider other research participation, please **join the Green Center Virtual Research Collaborative** by entering your email address here. We will not use your email address for anything else and it will not be shared for any reason.