



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 34 FIELDLED DECEMBER 10-14, 2021

1. YOU SAID - ASK US THIS! Because of low staffing, we... *Please check all that are true for you or your practice.*

- ... are unable to room patients and are forced to use telehealth for more than we'd like.
- ... we cannot offer the COVID vaccines.
- ... our clinicians are doing a larger amount of unreimbursed work to keep the office running.
- ... we are seeing fewer patients and it is creating an access to care issue.
- ... we are forced to pay salaries for staff above what we can actually afford.
- ... we have stopped quality improvement initiatives.
- Other (please specify)
- 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. TIME WARP – CARE PRIORITIES. Over the last 4 weeks, which of the following have occurred in your practice? Have you... *Please check all that apply.*

- Monitored sick patients at home
- Conducted well child visits
- Kept up with routine childhood immunizations
- Screened patients for social determinants of health
- Conducted routine cancer screenings
- Conducted chronic care follow up
- Screened patients for PTSD
- Screened patients for depression or anxiety
- Screened patients for violence, abuse, or neglect
- Screened patients for substance use or support needs
- Tested patients for COVID-19
- Accepted new patients transferring from closed practices
- None of the above

4. TIME WARP – SOCIAL DRIVERS OF HEALTH. Over the last 4 weeks (in comparison to this time last year), what have you notices among your patients? We've... *Please check all that apply.*

- Seen higher levels of food insecurity
- Seen higher levels of housing insecurity
- Seen higher levels of unemployment among patients
- Seen an increase in loss of health insurance among patients
- Seen higher levels of mental health concerns
- Seen increased substance abuse

- Seen increased interest in COVID vaccines
- Seen decreased interest in COVID vaccines
- Seen an increase in the number of COVID cases among our patients
- None of the above

5. TIME WARP – LOCAL PARTNERSHIPS. Has the pandemic caused you or your practice to partner with any of the following? *Please check all that apply.*

- Public health
- Local health system
- Mental health system
- Behavioral health services
- Local pharmacies
- Housing support
- Food pantries or banks
- Non-profit community organizations
- Other primary care practices
- Local school systems
- Local businesses
- None of the above

6. FLASH QUESTION. Let us share the successes of primary care! What are some ways your practice has helped the health system and population during the pandemic? Have you...

- Increased your support for patients with food insecurities
- Increased your support for patients with housing insecurities
- Increased offers of assistance for those with financial insecurity
- Become more involved in mental health support
- Asked more screening questions about domestic violence or child abuse
- Added or extended services to patients not usually provided in order to prevent use of hospital or specialty care
- Monitored COVID positive patients at home or in the practice to prevent use of hospital or specialty care
- Increased or added time in hospital service
- Volunteered time at mass vaccination sites
- Shifted your workflow to enable the practice to see more patients per day
- Spoken, written, or been interviewed publicly to share accurate COVID-19 information
- Other (please specify)
- None of the above

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.