



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 35 FIELDDED FEBRUARY 25-MARCH 1, 2022

1. YOU SAID - ASK US THIS! Which of the following are true for your practice. *Please check all that apply.*

- My practice notifies patients of clinician or team vaccination status
- We have lost clinicians or staff because of a vaccine mandate in the practice
- Our practice/health system gave me and my team easy access to COVID-19 testing for ourselves
- Our practice clinician/staffing ratio has changed during the pandemic (we have fewer staff per clinician)
- US primary care is crumbling
- 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. ANNIVERSARY STRESSORS. *Please check all that apply.*

- We are unable to provide COVID testing in our practice
- Our practice is fully staffed
- We are flooded to overwhelmed by patient needs
- Patient visits take longer than they used to – unresolved or exacerbated concerns from delayed access to care
- I have personal knowledge of clinicians who have retired early or quit during the pandemic
- I have personal knowledge of practices that have closed during the pandemic
- My level of burnout is at an all time high
- My ability to bounce back and/or adjust to adversity has become limited
- I expect to leave primary care within the next 3 years
- None of the above

4. ANNIVERSARY SUSTAINABILITY. *Please check all that apply.*

- Fee-for-service should account for the majority of primary care payment
- Value-based payments should account for the majority of primary care payment
- We have current billing that is denied or well overdue from insurers or health plans
- We are getting more new patients because their previous practice has closed
- Compared to last year, our cash flow has stabilized but financially we are fragile
- We have open clinician positions we cannot fill
- We have open staff positions we cannot fill
- None of the above

5. ANNIVERSARY TELEHEALTH. *At this point in time... Please check all that apply.*

- We rely on telehealth (either phone or video) for at least 30% of patient visits

- Lack of broadband makes it difficult to use telehealth with at least 20% of our patients
- Lack of computer literacy makes it difficult to use telehealth with at least 20% of our patients
- I am motivated to use telehealth because my patients really like it
- Lack of sufficient payment limits our use of telehealth
- Lack of sufficient staffing has caused expanded use of telehealth
- None of the above

6. ANNIVERSARY COVID VACCINES. Which of the following apply to your practice? *Please check all that apply.*

- My practice has a reliable vaccine vendor from whom we get usual vaccine deliveries
- We have access to COVID vaccine that is adequate for our needs
- My state has actively engaged primary care to help with vaccination distribution
- My practice is seen to be a COVID vaccination site by our patients
- More than half of our staff are fully vaccinated for COVID
- I have noticed a year-over-year reduction in use of general vaccines by our patients (e.g., flu, pneumonia)
- I have noticed a year-over-year reduction in childhood vaccinations delivered in our practice
- None of the above

7. ANNIVERSARY PRIMARY CARE IMPACT. In what ways did primary care ‘step up to the plate’ during the pandemic? Did your practice... *Please check all that apply.*

- Increase your support for patients with food or housing insecurities
- Increase offers of assistance for those with financial insecurity
- Become more involved in mental health support
- Ask more screening questions regarding domestic violence and child abuse
- Add or extend services to patients not usually provided in order to prevent use of hospital or specialty care
- Monitor COVID-19 positive patients at home or in the practice to prevent use of hospital or specialty care
- Did you or your practice speak publicly on the topic of COVID or volunteer at mass vaccination sites
- Other (please specify)
- None of the above

8. FLASH QUESTION. Speak directly to the HHS Initiative to Strengthen Primary Care! Briefly, please identify 1-3 things that would directly benefit (or increase the resilience of) you, your practice, or your patients.

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

9. 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

10. Is the size of your practice

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

11. 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)

12. 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

13. 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						

14. 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)

15. What is your specialty?

- Family medicine

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

16. What type of certification do you have?

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

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

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

19. 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?

20. 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.

21. 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.