



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 36 FIELDDED MARCH 18-23, 2022

1. **The one question we always ask... 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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2. **Your reports of severe/near severe stress have remained high.** We would like your help understanding what this means. *Please check all that apply.*

- The stress has been constant – thus the constant high rating
- The stress in the beginning was high, and I got used to it, but then it just seemed to get worse and worse
- The stress is the same, but I rated it as lower because I've just gotten used to it
- I don't care much about this stress rating. I gave up on getting better a long time ago
- My stress rating would be lower if I imagined any help was coming
- My stress rating would be lower if I thought anyone cared about our struggles
- My stress rating would be lower if I felt like the end of the pandemic was near
- My stress rating gets higher as the pandemic lessens because the pent up demand is overwhelming
- Other (please specify)
- None of the above

**Everyone would like to know factors that may have been supportive to you or your practice during the pandemic. The next few questions seek to answer “what helped most and what got in the way?”**

3. **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

4. **How much do you feel the ownership type of your practice (chosen in question 3 above) benefited you during the pandemic?** *Please check ALL that apply.*

- Can't imagine a better way to have been
- Very helpful and I am grateful
- Not sure it made a difference
- I think this made me more vulnerable than I needed to be
- I think this made my practice more vulnerable than it needed to be
- Other (please specify)
- None of the above

**5. What type of practice do you have? Is it... Please check all that apply.**

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

**6. How much do you feel the type of practice you have (chosen in question 5 above) benefited you during the pandemic? Please check ALL that apply.**

- Can't imagine a better way to have been
- Very helpful and I am grateful
- Not sure it made a difference
- I think this made me more vulnerable than I needed to be
- I think this made my practice more vulnerable than it needed to be
- Other (please specify)
- None of the above

**7. What is the size of your practice**

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

**8. Do you feel the size of your practice (chosen in question 7 above) benefited you during the pandemic? Please check ALL that apply.**

- Can't imagine a better way to have been
- Very helpful and I am grateful
- Not sure it made a difference
- I think this made me more vulnerable than I needed to be
- I think this made my practice more vulnerable than it needed to be
- Other (please specify)
- None of the above

**9. In general, what form is the majority of your payment/compensation? Please check all that apply.**

- Fee for Service
- Capitation
- Value-based payment
- Salaried employee
- Combination of predictable salary and performance/volume based payment
- Whatever is left over after everyone else is paid
- Other (please specify)

**10. Do you feel your majority form of payment/compensation (chosen in question 9 above) benefited you during the pandemic? Please check ALL that apply.**

- Can't imagine a better way to have been
- Very helpful and I am grateful
- Not sure it made a difference
- I think this made me more vulnerable than I needed to be
- I think this made my practice more vulnerable than it needed to be
- Other (please specify)
- None of the above

**11. How often have you taken this survey? Please pick the best possible answer.**

- This is my first time
- 2-5 times
- 6-10 times
- 10-20 times
- Just about every survey!

**12. Do you feel this survey has offered benefit...? Please check all that apply.**

- Yes – to me personally
- Yes – it had an effect on decisions in my practice or among local leaders
- Yes – it helped to make the experience of primary care visible
- Yes – the data were used to change policy and help primary care
- Yes... but I can't really say how
- I'm not sure... but I took it anyway
- Probably not – because no one cares
- Probably not – it's just a survey

**13. Would you like this survey to continue on a bimonthly basis?**

- Yes
- No
- Maybe
- No opinion

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

**14. 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						
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**15. Are you...** *Please check all that apply*

- A rural practice
- 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)

**16. What is your specialty?**

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

**17. What type of certification do you have?**

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

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

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

**20. Optional:** Is there anything else you would like us to know about your experience in primary care during this pandemic?

**21. Optional:** If you have the energy and feel inclined... please share a moment of greatest fulfillment for you during the pandemic. This will be posted as sources of inspiration for others on our website.

**22. Would you like to stay involved with this survey?** As we analyze what we have learned, it would help to have people willing to review our work, provide feedback, or a quick turn around opinion. **If interested, 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.

**23.** If you would be **willing to be interviewed regarding your experience** delivering primary care during the pandemic, 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. Please note – we will not contact you until the protocol for that interview is cleared through our institution.