Quick COVID-19 Primary Care Survey  
Series 30 fielded August 13-17, 2021

1. YOU SAID - ASK US THIS! Please check all that are true for you or your practice.
   - I personally know primary care clinicians who have retired early or left practice because of the pandemic
   - I personally know primary care practices that closed during the pandemic
   - I have seen a rise in mental health issues among children (e.g., depression, anxiety, ADHD)
   - COVID-19 is again surging in my area and I don’t know if I can take it
   - I have fully vaccinated patients that are getting COVID-19
   - I am concerned by the amount of vaccine I have seen wasted or expired in my practice
   - I am unsure how to help my patients with long-haul COVID-19
   - 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?
   
   o 1- no impact  
   o 2  
   o 3  
   o 4  
   o 5- severe impact

3. IN THE LAST 4 WEEKS, have any of these things happened in your practice? Please check all that apply.
   - We are unable to hire clinicians for open positions in our practice
   - We are unable to hire staff for open positions in our practice
   - Our practice revenue has yet to recover since the start of the pandemic
   - Our practice debt load has increased by more than 20% during the pandemic
   - Our fee-for-service volume is down >20% below pre-pandemic norms
   - Patient visits are more complex and take more time as a result of the pandemic
   - We are struggling to keep up with patient health needs due to pent up demand
   - The poor mental health of our practice members is a constant worry now
   - The level of PPE in my practice makes me feel unsafe
   - >75% of our practice members are fully vaccinated
   - <50% of our practice members are fully vaccinated
   - My practice is financially healthy
   - None of the above

4. VACCINE. AT THIS POINT IN TIME... Please check all that apply.
   - My practice HAS received adequate amounts of vaccine for our patients
   - We have access to the vaccine but NOT ENOUGH
   - We can’t get the COVID-19 vaccine, though we have tried
   - The cost of administering the COVID-19 vaccine outweighs payment received
   - We have patients asking for 3rd vaccine shot/booster
   - Vaccinating patients is now common in my practice – part of routine care
   - My patients with cancer or transplant history are more vaccine hesitant than others
   - Lack of full FDC approval makes me hesitant to recommend the COVID-19 vaccine to some patients
   - I’ve found more patients requesting the vaccine because of fear of the delta variant

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5. **Vaccine Hesitancy.** What is your experience with vaccine hesitant patients? In general... *Please check all that apply.*

- One conversation is sufficient to change the mind of most vaccine hesitant people
- 2-3 conversations are needed to change the mind of vaccine hesitant people
- Conversations with vaccine hesitant patients take about a minute
- Conversations with vaccine hesitant patients take several minutes
- It is harder to change the minds of vaccine hesitant patients that are new to you
- I am able to change the minds of 20% of my vaccine hesitant patients
- I am able to change the minds of 30% of my vaccine hesitant patients
- More often than not, I am able to change the minds of my vaccine hesitant patients
- For most of my vaccine hesitant patients, education on the issues can make a difference
- For most of my vaccine hesitant patients, it’s a gut or political opinion that cannot be changed
- I agree with my vaccine hesitant patients – stop pushing!
- I no longer try to convert the vaccine hesitant – it’s just too hard
- None of the above

6. **Telehealth.** At this point in time ... *Please check all that apply.*

- Payment for use of video and/or phone has been reduced so I have pulled back on these visits
- We currently use video for at least 20% of visits
- We currently use phone for at least 20% of visits
- Use of telehealth has been essential to maintain access for my patients
- If regulations that were suspended to allow telehealth are restored, my practice will not be able to provide telehealth services
- We have developed new work roles in the office as a result of telehealth needs
- As a result of using telehealth during the pandemic, I now feel better about it
- As a result of using telehealth during the pandemic, I now know why I don’t like it
- I worry that fascination with telehealth will weaken primary care
- None of the above

7. **Flash Question:** What, if anything, has your experience delivering care during the pandemic taught you about the role of relationships between clinicians and their patients? *If unable to answer, please type NA.*

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

8. 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

9. Is the size of your practice

- ... 1-3 clinicians?
10. 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)

11. 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?
   - ... designated patient-centered primary care home?
   - ... located within an office, school, or college?
   - None of the above

12. 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.

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13. 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)

14. What is your specialty?
   - Family medicine
   - Internal medicine
   - Pediatrics
   - Geriatrics

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15. What type of certification do you have?

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

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

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

18. 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?

19. Would you like to receive an email invitation to this survey each week?

- Yes
- No

20. 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.

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

- Yes
- No

22. 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.