New York University launched a survey of NYC primary care practices to assess needs and responses to the COVID-19 pandemic. This report highlights key findings from 152 respondents.

66% of respondents were severely impacted by COVID-19
60% were operating with reduced hours/visits

Practice adaptations to maintain patient care

- **Frequent check-ins**: “Routine phone calls to patients; follow-up calls and visits; designated hours and rooms for well visits; lists of patients with problems to call and keep in touch; and send medicines.” (Brooklyn)
- “I check on them by telephone every 2-3 days.” (Brooklyn)
- “We just finished a big project calling all of my patients who visited me in the past two years after our office was closed and we switched to telehealth visits.” (Queens)

- **Safety protocols**: “Patients are seen outside in either their cars or tents set up in our driveway. If patients need to come inside, it is only in the back of the office in the triage area only. Older office staff member is downstairs, in her office with the door closed, and no longer has patient contact. Masks are worn by all staff members while patients are present in the office, including the doctor, at all visits, well and sick.” (Brooklyn)

60% need more PPE to increase in-person visits

- **PPE and supplies**: “Resources, more money from insurance to cover expenses.” (Brooklyn)
- “More gowns” (Queens)
- “Better reimbursement to hire more staff and restock on skyrocketing reusable office supplies” (Brooklyn)
- “Payments for telephone medicine ... most poor patients don’t have phones or iPads for telemedicine ... they can’t read and write.” (Brooklyn)

- **Social distancing protocols**: “How to make small NY office spaces (w/ no windows) safe for patients and staff.” (Brooklyn)
- “Enforcing 6-foot measures” (Bronx)
- “Better scheduling” (Brooklyn)
73% provided direct care to COVID-19 patients

COVID specific care provided by providers

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided direct care to COVID-19 patients</td>
<td>73%</td>
</tr>
<tr>
<td>Tested patients for COVID-19 or antibodies</td>
<td>71%</td>
</tr>
<tr>
<td>Checked-in regularly with COVID-19 patients</td>
<td>67%</td>
</tr>
<tr>
<td>Connected COVID-19 affected patients</td>
<td>62%</td>
</tr>
<tr>
<td>to community-based or social services</td>
<td></td>
</tr>
<tr>
<td>Connected COVID-19 affected patients</td>
<td>50%</td>
</tr>
<tr>
<td>to food banks or other sources for food</td>
<td></td>
</tr>
<tr>
<td>Registry of COVID-19 cases</td>
<td>45%</td>
</tr>
</tbody>
</table>

48% were reimbursed for telehealth, and among those who applied for a loan/grant, 71% received it

Reimbursed for telehealth

- Yes: 48%
- No: 11%
- Don’t know: 41%

Received loan/grant

- Yes: 71%
- No: 29%

Other quotes from the field

- “Patients are scared and don’t want to come to the office.” (Brooklyn)
- “Educating patients that visiting the doctor is not dangerous...when certain issues are observed. This should be made evident through a poster and public service announcements.” (Manhattan)
- “Publicity from the state and city that parents should not skip well baby visits or delay vaccines and that your doctor’s office is a safe place.” (Brooklyn)
- “Staff does not want to come due to unemployment benefits.” (Queens)