

Dear co	lleague, the COVID-19 pandemic has profoundly impacted daily and affected the healthcare system.	y life in France
	t early flash survey, conducted among more than 25,000 GPs (7, en March 14 and 21, highlighted the rapid and massive adaptatic context of uncertainty (first results HERE).	-
it is mana telem practic this se	will start a new phase of the pandemic from May 11, with the end-19 lockdown. In order to continue improving our response to essential to monitor the progress of adaptations in practices, not agement of COVID patients, but also in the organization of continued and relations with nursing homes. The ACCORD1 network the structures and partners, united around this issue, invites you second flash survey (10 minutes). The results of the survey will be soon as possible. Thank you very much in advance for your involved.	the pandemic, t only in the nuity of care, ork of general to take part in esent to you as
prima Public Midwi	ccord (Assembler, Coordonner, COmprendre, Recherche, Déba ires) is a network project funded in 2020 by the Institut de Rech que. It brings together various members (AVEC Santé, IJFR, C fery Department, the Asalee association, SPP-IR and the RESPI ntended to extend to other actors with an interest in primary can	erche en Santé NGE, UVSQ's RE project). It
Part A	f A: Part 1/3: Organization of the GP practice and professional p	ractices
	Do you have sufficient quantities of the following personal protective equipment?	
	surgical masks	
	FFP2 masks	
	disposable medical aprons	
	medical protective glasses	
	none of the above	



A2.	About the total volume of your <u>individual</u> clinical activity over the last 7 da (COVID and non-COVID patients seen in the GP practice, during a visit or by teleconsultation, including by telephone), did you receive:	•
	more patients than usual	
	the same number of patients as usual	
	fewer patients than usual	
	I haven't worked in the past 7 days	
A3.	You mentioned that you had more patients than usual. Can you quantify it?	
	Between 0 and 25% more patients than usual	
	Over 25% more patients than usual	
A4.	You mentioned that you had fewer patients than usual. Can you quantify it?	
	between 75 and 100% of the usual number of	
	patients between 50 and 75% of the usual number of	
	patients between 25% and 50% of the usual number	
	of patients	
A5.	< 25% of the usual number of patients About your individual consultation activity (COVID and non COVID), in the last 7 days, what is your estimation of your:	
	Not Provided ≤ 5 6-10 11-20 21-30  mean number of home visits per working day?  umber of face-to-face consultations per working day?  nean number of videoconsultations per working day?	>30
	an number of phone consultations per working day?	
A6.	Po you bill your video consultations?  Yes, always  Yes, often  Yes, sometimes  Never or hardly ever	



A7.	Do you bill your phone consultations?	
	Yes, always	
	Yes, often	
	Yes, sometimes	
	Never or hardly ever	
A8.	Were you providing video-consultations before the COVID-19 pandemic?	
	Yes	
	No	
A9.	Do you plan to develop or continue a teleconsultation activity after the pandemic?	
	Yes	
	Probably yes	
	Probably no	
	No	
A10.	How many patients have you managed for COVID-19-related	
	reasons (suspicion, follow-up, contact cases) in the last 7 days?	
A11.	What is the estimated rate of patients you have managed for	<u> </u>
	COVID-19-related reasons (suspicion, follow-up, contact cases) out of your total activity over the last 7 days?	
	0 to 10%	
	11 to 20%	
	21 to 30%	
	31 to 40%	
	41 to 50%	
	51 to 60%	
	61 to 70%	
	71 to 80%	
	81 to 90%	
	91 to 100%	
	71 60 10070	



A12.	Is PCR testing for COVID-19 currently available for patients you identify as eligible?	
	No, because the access in the territory is insufficient to test all the patients who should be tested according to current guidelines	
	Yes, the access on the territory is currently sufficient to be able to test according to the guidelines	
	I am not concerned	
A13.	Who carries out these tests?	
	Yourself	
	Another professional in your practice/structure	
	Ambulatory laboratory services	
	The hospital	
	A mobile team of in-home care	
	Other	
	Other	
		i i i i i i i i i i i i i i i i i i i
A14.	How long does it take on average to receive the results?	
	< 24h	
	24-48h	
	3 to 4 days	
	> 4 days	
A15.	Treatments	
	Which treatment(s) do you <u>frequently</u> , if not systematically, prescribe to suspected COVID-19 patients:	
	Paracetamol	
	Hydroxychloroquine	
	Azithromycine	
	Other antibiotic	
	Anticoagulants	
	Antiplatelets	
	Oral corticosteroids	
	Non-steroidal anti-inflammatory drugs	
	Nicotine replacement therapy	



	None of the above
	Other
	Other -
A16.	Which antibiotic(s) do you prescribe?
A17.	Sick leaves and COVID-19 isolation certificates
	Do you currently feel in difficulty to prescribe a sick leave or to provide a COVID-19 isolation certificate?
	Never <sub>Rarely</sub> Often Always
	To the family and friends of a patient with COVID-19 symptoms
	A person at actual or potential risk of a severe form of COVID-19
	To the family and friends of a patient at higher risk of a severe form of COVID-19
A18.	Do patients currently contact you for questions or fears about returning to work (during consultations, by telephone, by e-mail)?    O
	because they feel inadequately protected at work
	because they feel (or wonder) they are at higher risk of severe illness
	because they want to look after their children at home
Part	B: Part 2/3: Health care organization
	About nursing home patients
	About health care organization outside COVID-19
B1.	For the management of suspected COVID-19 patients, have you set up:
	dedicated time slots in your schedule
	a dedicated space in your practice for waiting patients
	home visits for suspected COVID-19 patients
	teleconsultation (video or phone call) for suspected COVID-19 patients



	None of the above	
B2.	Do you currently refer your suspected COVID-19 patients (a priori without hospitalization criteria) to:	
	A monodisciplinary or a multidisciplinary group, or a healthcare center reorganized to receive these patients	Always
an outp	atient center specifically created to receive these patients (e.g. gymnasium)	
	the hospital	
В3.	Do you carry out consultations in an outpatient center dedicated to these patients, independently of your practice/structure?	
	Yes	
	No	
B4.	Do you accept patients living in the practice catchment area (other than your registered patients) in your practice/structure?	
	Yes	
	No	
B5.	Do you welcome colleagues from the same catchment area in your practice/structure for consultations dedicated to these patients?	
	Yes	
	No	
В6.	When one of your suspected COVID-19 patients calls 15 (a priori without hospitalization criteria) and requires a consultation, do you know where he or she is referred?	
	You or your practice / structure	
	An outpatient center dedicated to COVID-19 patients (which is not your practice/structure)	
	SOS médecins service or equivalent	
	The hospital	
	I don't know	
B7.	Who provides (or will provide) follow-up care for your patients considered as COVID-19 and <u>not hospitalized</u> ?	
	Yourself or another doctor within your practice/structure	
	A non-doctor healthcare provider within your practice/structure	
	Administrative staff member within your practice/structure	
	The hospital	



	I don't know Other
	Other
B8.	You have indicated that this follow-up is carried out by a non-doctor healthcare provider within your practice/structure. Which one(s)?
B9.	Do you use a remote monitoring platform* (Covidom, Lifen) to monitor (some of) your patients?  is a tool, e.g. an application, on which patients enter clinical data on a daily basis, and which generates a dashboard for the doctor in charge of follow-up based on alerts generated by the tool.  Yes  No
B10.	Are any of your patients monitored via a telemonitoring* platform, even though you don't use it yourself?  is a tool, e.g. an application, on which patients enter clinical data on a daily basis, and which generates a dashboard for the doctor in charge of follow-up based on alerts generated by the tool.  Yes  No  I don't know
B11.	Who provides (or will provide) follow-up care for your patients  discharged from hospital after infection with COVID-19?  Yourself or another doctor within your practice/structure  A non-doctor healthcare provider within your practice/structure  Administrative staff member within your practice/structure  The hospital  I don't know  I have no patients discharged from hospital  Other
B12.	You have indicated that this follow-up is carried out by a non-doctor
	healthcare provider within your practice/structure. Which one(s)?



B13.	Do you use a remote monitoring platform* (Covidom, Lifen) to monitor (some of) your patients?	
This is a	a tool, e.g. an application, on which patients enter clinical data on a daily basis, and which generates a dashboard for the	
	doctor in charge of follow-up based on alerts generated by the tool.  Yes	
	No	
B14.	Are any of your patients monitored via a telemonitoring*	
This is	platform, even though you don't use it yourself?  a tool, e.g. an application, on which patients enter clinical data on a daily basis, and which generates a dashboard for the	
This is	doctor in charge of follow-up based on alerts generated by the tool.	
	Yes	
	No	
	I don't know	
B15.	Before the pandemic, were you providing nursing home visits?	
	Yes	
	No	
B16.	Do you currently provide nursing home visits to your	
<b>D10.</b>	patients?	
	Yes	
	No	
B17.	Do you currently provide teleconsultations with your nursing	П
	home patients?	
	Yes	
	No	
B18.	Have the following measures been deployed in your area?	
A single	general practitioner is appointed for all nursing home residents (possibly on a rotating basis) for a given period of time	
	the nursing home medical director temporarily assumes the role of referent GP	
	reinforcement measures in nursing homes (i.e. half-day grant or requisitions)	
	None of the above	
	I don't know	
ther org	ganization or adaptation aiming to limit the number of visits by healthcare professionals (increased role of nursing home nurses, etc.) (specify)	
	Other organization or adaptation aiming to limit the number of visits by healthcare professionals (increased role of nursing home nurses, etc.) (specify)	



B19.	Have you accepted (or would you agree) to delegate to another doctor (general practitioner or nursing home medical director) the follow-up of your nursing home patients during the pandemic?	
	Yes No	
B20.	Did you take the initiative to contact by phone some of your patients (e.g. vulnerable, with chronic diseases, etc.)?	
	No, I did not call any patient	
	Yes, the ones I thought about	
	Yes, I made a list using some criteria (e.g. patients with 100% coverage by the French national insurance due to a chronic disease, body mass index)	
	Other (precise)	
	Other (precise)	
B21.	What is currently your main attitude towards any reason for consultation other than those related to COVID-19?	
try to lin	nit the number of patients coming to the practice and provide instead a visit or teleconsultation	
	I try to limit the number of patients coming to the practice and suggest postponing health care  I encourage them to come to the practice	
	I encourage them to come to the practice	
	None of the 3, I have no specific attitude towards contact methods	



Part	C: Part 3/3 : Territorial dimension
	End of the questionnaire: about your characteristics
C1.	Since the beginning of the COVID-19 pandemic, has the intensity of your relationships changed with:
	Not Decreased Stable Increased applicable
	your GP colleagues
	your medical colleagues from other specialties in town
	your colleagues from other primary care professions (nurses pharmacists, etc.)
	your local hospital
	the general hospital or the university hospital (CHU)
	coordination plans (regional support platform, etc.)
	the social sector (social workers, Departmental homes for autonomy MDA, etc.)
	regional authorities (city hall, etc.)
	associations or charities or NGO
	the Regional Health Agency (ARS)
	the National health insurance service (CPAM)
	Other (precise below)
C2.	Precise "other":
C3.	Do you belong to a Health Territorial and Professional Community (HTPC) or a project of HPTC?
	Yes
	No No
C4.	The HPTC facilitated the organization of health care in the territory (covid center, phone regulation, etc.) facilitated the sharing of personal protective equipment
	facilitated the sharing of information between professionals



	facilitated the dissemination of information to patients
	facilitated the organization of relationships with hospital care
	had no specific influence on the management of the situation
	other (precise)
	other (precise)
C5.	Is the general hospital or the university hospital a support/partner for:
	information exchange, including professional training
	the sharing of personal protective equipment
	the health care organization in the territory (dedicated outpatient centers for patients with suspected COVID-19, post-hospitalization follow-up of patients, etc.)
	none of the above
	other (precise)
	other (precise)
<b>C6.</b>	In your main self-employed practice, do you currently work
	:
	Alone
	In monodisciplinary group (only GPs)
	In monodisciplinary group (GPs and other specialists)
	In multidisciplinary group
<b>C7.</b>	Precise the type of your main activity
	Independent multidisciplinary group
	Healthcare centers Healthcare
	Other (precise)
	other (precise)



C8.	Specify the size of your main GP practice:	
	< 5 professionals	
	6-10 professionals	
	11-20 professionals	
	21-40 professionals	
	> 40 professionals	
<b>C9.</b>	In addition to your activity as a GP, do you also practice	
	in a local hospital	
	as a nursing home medical director	
	in a mobile geriatric care team	
	in a mobile palliative care team	
	I have no additional activity	
	other type of mixed activity (precise)	
	other type of mixed activity (precise)	
		1 1 1 1 1 1 1
C10.	Gender	
	Male	
	Male Female	
C11.		
C11.	Female	
C11.	Female Age	
	Age Female	
	Age  Are you a training GP (teaching activity)?	
	Age  Are you a training GP (teaching activity)?  Yes	
C12.	Age  Are you a training GP (teaching activity)?  Yes  No	
C12.	Age  Are you a training GP (teaching activity)?  Yes  No  What is your usual number of consultations per year?	
C12.	Age  Are you a training GP (teaching activity)?  Yes  No  What is your usual number of consultations per year?  <3500	
C12.	Age  Are you a training GP (teaching activity)?  Yes No  What is your usual number of consultations per year?  < 3 500  Between 3 500 and 6 000 > 6 000  How many patients do you usually see on average per day outside the	
C12.	Age  Are you a training GP (teaching activity)?  Yes No  What is your usual number of consultations per year?  < 3 500  Between 3 500 and 6 000 > 6 000	
C12.	Age  Are you a training GP (teaching activity)?  Yes No  What is your usual number of consultations per year?  < 3 500  Between 3 500 and 6 000 > 6 000  How many patients do you usually see on average per day outside the	

C15.	Are you at higher risk of a severe form of COV	ID-19?
		Yes
		No
C16.	Are you afraid of catching a COVID-19 infection	on???
		I'm not worried at all
		I'm a little worried
		I'm moderately worried
		I'm very worried
C17. Patients w	Among your registered patients, how many vere hospitalized due to COVID-19 since the beginning of the pandemic (still in hospital or already discharged)?	
	Patients died from COVID-19?	
C18.	In order to provide a more detailed analysis of	the management and
	care pathways of suspected COVID-19 paties could be linked to data from the French nation (SNDS).	-
	To do this, we need your RPPS ID.	
	Would you be willing to give it to us?	Yes No
C19.	Your RPPS ID :	
	Address of your GP practice ress will be used to define the INSEE IRIS code for your territory, and will then land territorial dimensions.	ne deleted from the database. It is very important in this survey to
C21.	We would like to contact you again for a next w	ave of surveys.
	Are you willing to be contacted again?	
		Yes
		No L



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C22.	Your FINESS ID (structure)											- 1					7	
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C23.	Your e-m	ail addre	ss		<u> </u>			•	1 1		ı	1		1	1	1	7	
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C24.	Free comments (what would I like to say that hasn't been asked?)																	
				Tha	nks f	or yo	our p	oarti	cipa	tion	1							