Health Resources and Services Administration Bureau of Primary Health Care (HRSA – BPHC) Grantee Satisfaction Survey

Survey to be administered via the web. Items in BOLD will not be seen by the respondents. Questionnaire section headers and question numbers will not appear in the web survey. Question numbers will not appear on screen.

E-Mail Invitation

As you may be aware, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) is conducting a survey of our grantees' satisfaction with our program operations and processes, as well as our available technical assistance resources. Our goal is to use the survey feedback we receive from you to help fulfill our commitment to continuously improve our program operations.

We would appreciate it if you would take a few minutes to complete the survey via the Internet by clicking on the link below.

[link]

The survey will take approximately 15 minutes to complete. CFI Group, an independent research and consulting firm, is conducting this survey. The survey is hosted via a secure server and your responses will remain **strictly confidential and anonymous**. If you have any questions, please contact Shannon Walter at swalter@cfigroup.com.

This information will be vital for BPHC to improve our operations and guide our future actions, and we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,
James Macrae
Associate Administrator, Bureau of Primary Health Care

Survey Introduction

The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on **your experiences with the BPHC and our technical assistance partners** in the past year. The survey is hosted via a secure server and your responses will remain **strictly confidential and anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007.

Thank you in advance for completing the survey. Please click on the "Next" button below to begin.

SCREENING/DEMOGRAPHIC QUESTIONS

DEM1. Please select the type(s) of Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) grant that you currently receive or if you are a Federally Qualified Health Center (FQHC) Look-Alike: (Select all that apply)

1   Health Center
2   State/Regional Primary Care Association
3   National Cooperative Agreement
4   FQHC Look-Alike
5   Health Center Controlled Networks
6   Other (Please specify)_____

DEM2. Please select your state or territory from the list below. **(drop down provided)**

APPLICATION PROCESS

Please consider your experience with applications for BPHC **Continued Funding** (e.g., Health Center Service Area Competition/Budget Period Renewal Applications, State/Regional/National Cooperative Agreements Competing/Continuation Applications) or **Renewal Designation (e.g.**, FQHC Look-Alike Recertification Application**)** in the last year.

1.1 In the past 12 months, which of the following applications have you submitted? **(please select all that apply)**

   1. Health Center Service Area Competition Application
   2. Health Center Budget Period Renewal Application
   3. State/Regional/National Cooperative Agreement Competing Application
   4. State/Regional/National Cooperative Agreements Continuation Application
   5. Health Center Controlled Network
   6. FQHC Look-Alike Recertification Application
   7. None of the above

[Q1.2a-d only if Q1.1=1]
Thinking about Health Center Service Area Competition Application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …
   1.2a   the ease of filling out the application
   1.2b   the clarity of the language used
   1.2c   how well it captures everything that is needed
   1.2d   the ease of submitting the application electronically

[Q1.3a-d only if Q1.1=2]
Thinking about Health Center Budget Period Renewal Application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate…
   1.3a   the ease of filling out the application
   1.3b   the clarity of the language used

   1.3c how well it captures everything that is needed
   1.3d the ease of submitting the application electronically

[Q1.4a-c only if Q1.1=3]
Thinking about State/Regional/National Cooperative Agreement Competing Application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …
   1.4a the ease of filling out the application
   1.4b the clarity of the language used
   1.4c how well it captures everything that is needed

[Q1.5a-c only if Q1.1=4]
Thinking about State/Regional/National Cooperative Agreement Continuation Application guidance and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …
   1.5a the ease of filling out the application
   1.5b the clarity of the language used
   1.5c how well it captures everything that is needed

[Q1.6a-c only if Q1.1=5]
Thinking about the Health Center Controlled Network Continuation Application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …
   1.6a the ease of filling out the application
   1.6b the clarity of the language used
   1.6c how well it captures everything that is needed

[Q1.7a-c only if Q1.1=6]
Thinking about the FQHC Look-Alike Recertification Application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …
   1.7a the ease of filling out the application
   1.7b the clarity of the language used
   1.7c how well it captures everything that is needed

1.8 In your opinion, how can BPHC improve the application process for Continued Funding/Recertification? **[capture verbatim]**

[Q1.9 – Q1.14 only if DEM=1]
1.9 Did you apply for BPHC Affordable Care Act (ACA) New Access Point Funding in the past 12 months?
        1. Yes
        2. No **(skip to Question 1.15)**

Please consider your experience with applications for BPHC **ACA New Access Point Funding** in the past 12 months.

Thinking about BPHC ACA New Access Point Funding application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate…

1.10 the ease of filling out the application
1.11 the clarity of the language used
1.12 how well it captures everything that is needed
1.13 the ease of submitting the application electronically

1.14 In your opinion, how can BPHC improve the grantee application process for BPHC New Access Point Funding? **[capture verbatim]**

[Q1.9 – Q1.14 only if DEM=1]
1.9 Did you apply for BPHC Affordable Care Act (ACA) Expanded Services Funding in the past 12 months?
  1. Yes
  2. No **(skip to Question 1.15)**

Please consider your experience with applications for BPHC **ACA Expanded Services Funding** in the past 12 months.

Thinking about BPHC ACA Expanded Services Funding application guidance, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate…

1.10 the ease of filling out the application
1.11 the clarity of the language used
1.12 how well it captures everything that is needed
1.13 the ease of submitting the application electronically

1.14 In your opinion, how can BPHC improve the grantee application process for BPHC Expanded Services Funding? **[capture verbatim]**

[Q1.15 – Q1.19 only if DEM1 = 4]
1.15   Did you apply for a FQHC Look Alike New Designation in the past 12 months?
  1. Yes
  2. No **(skip to Question 1.21)**

Please consider your experience applying for a FQHC Look Alike New Designation in the past 12 months. Thinking about the FQHC Look Alike New Designation guidance and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate…

1.16   the ease of filling out the application
1.17   the clarity of the language used
1.18   how well it captures everything that is needed

1.19   In your opinion, how can BPHC improve the application process for FQHC Look Alike New Designation? **[capture verbatim]**

Now, on the same scale, how would you rate the following types or sources of BPHC Technical Assistance resources you used *during the application process*:

1.20 National BPHC conference calls **[ONLY IF DEM1=1,2,3,5 or 6]**
1.21 Individual email/phone conversations with Office of Policy and Program Development (OPPD)
1.28 BPHC HelpLine
1.28 BPHC Website
1.30 Other (please specify) _____

1.29 In your opinion, how can BPHC improve its application Technical Assistance? **[capture verbatim]**

PROGRAM REPORTING REQUIREMENTS

[Q2.1-Q2.15 ONLY IF DEM1=1,2,3,5 or 6]:

Thinking of the UDS program report for the past year, and using a scale from 1 to 10, please rate…

2.1   the ease of filling out the UDS report
2.2   the clarity of the language used
2.3   how well it captures everything that is needed
2.4   the ease of sending the UDS report electronically

Now, on the same scale, how would you rate the following types or sources of BPHC Technical Assistance resources you used *during the UDS program reporting process*?

2.5 National BPHC conference calls
2.7 Individual email/phone conversations with the Office of Quality and Data (OQD)
2.12 BPHC HelpLine
2.13 BPHC Website
2.13 Other (please specify) _____

2.14 On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent,* please rate UDS comparison reports on their usefulness in assisting your organization to improve operations.

2.15 In your opinion, how can BPHC improve the UDS program reporting system? **[capture verbatim]**

BPHC PROGRAM POLICIES

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate BPHC Policy Information Notices on…

3.1 the ease of understanding

3.2 the clarity of the language used

3.3 thoroughness of information provided

3.4 effectiveness in assisting your organization meet program requirements

3.5 the extent to which the information provided influences your organization's operational decision-making

3.6 On which program policy areas would you like additional BPHC guidance? (select all that apply)

1. Scope of Project – Non-traditional Facility sites
2. Definitions of Required Services
3. Sliding Fee Discount Program Requirements
4. Telehealth
5. Service Area Definition and Overlap
6. Emergency Preparedness/Response
7. Subrecipient and Contractual Arrangements
8. Health Care and Business Plans
9. Accreditation
10. Federal Tort Claims **[ONLY IF DEM1=1,2,3,5 or 6]**
11. QA/QI and Risk Management
12. Outreach/Services to Special Populations
13. None
14. Other (Please specify)_____

Now, on the same scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, how would you rate the following types or sources of BPHC Technical Assistance you *received on Policy Information Notices*?

3.7 National BPHC conference calls

3.8 Individual email/phone conversations with Office of Policy and Program Development (OPPD)

3.15 BPHC HelpLine

3.16 BPHC Website

3.15 Other (please specify) _____

3.16 In your opinion, how can BPHC improve its Policy Information Notices? **[capture verbatim]**

GRANTEE-PROJECT OFFICER RELATIONSHIP

Please think about your relationship with your BPHC Project Officer.

4.1 How frequently did you communicate (e.g., emails, phone conversations, site visits, etc.) with your BPHC Project Officer in the past 12 months:

1. weekly

2. monthly
3. quarterly
4. twice per year
5. once per year
6. not at all

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate your BPHC Project Officer on the following:

4.2 Understanding of your program's issues
4.3 Knowledge of BPHC program and policy requirements
4.4 Knowledge of policy and program issues specific to your state/region
4.5 Timeliness in responding to your programmatic questions/issues
4.6 Ability to answer your questions
4.7 Willingness to work with you to accomplish the goals of the program(s) for which you are funded **[ONLY IF DEM1=1,2,3,5 or 6]**
4.8 Willingness to work with you to accomplish the goals of the program(s) for which you are designated as an FQHC Look-Alike **[ONLY IF DEM1=4]**
4.9 Keeping you informed about upcoming changes or issues that will affect your program
4.10   Helpfulness to you in navigating the Federal system to provide the highest quality health care

4.11   How can your BPHC Project Officer better serve you and your organization? **[capture verbatim]**

4.12   Are there other BPHC staff with which you frequently interact?
    1. No
    2. Yes (Please specify)

FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

[Q5.1 – Q5.9 ONLY IF DEM1=1]:

On a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate the *usefulness of information you received about the FTCA program* from the following sources you have used in the past 12 months.
5.1   BPHC HelpLine
5.2   BPHC Website
5.3 FTCA Federal staff
5.8 Other (please specify) _____

5.9   In your opinion, how can BPHC improve the FTCA program? **[capture verbatim]**

TECHNICAL ASSISTANCE & SUPPORT

State PCA Questions [ONLY IF DEM1=1 or 5]:

6.1 Please indicate what types or sources of State Primary Care Association Technical Assistance you participated in the last 12 months: (check all that apply)

a. __Conference calls led by the Primary Care Association

b. __Webinars conducted by Primary Care Association

c. __Individual email/phone conversations with PCA Staff

d. __Data analysis, informational reports or publications developed by the PCA

e. __Peer group networking facilitated by the PCA

f. __Conferences or trainings organized by the PCA

g. __On-site training or technical assistance at your location

h. __Consulting resources provided by the PCA

i. __On-line resources available from the PCA's website

j. __Other (please specify) _____

k. __None (please skip to question 6.6)

6.2   Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the overall training and technical assistance provided by the PCA.

6.3   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the PCA training and technical assistance services in enabling your health center to successfully meet Health Center Program requirements?

6.4   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the PCA training and technical assistance services in enhancing the performance and operations of your health center?

6.5   In your opinion, how can your State PCA improve its overall Technical Assistance resources? **[capture verbatim]**

Regional PCA Questions [ONLY IF DEM1=1]:

6.6 Please indicate what types or sources of Regional Primary Care Association Technical Assistance you participated in the last 12 months: (check all that apply)

a. __Conference calls led by the Primary Care Association

b. __Webinars conducted by Primary Care Association

c. __Individual email/phone conversations with PCA Staff

d. __Data analysis, informational reports or publications developed by the PCA

e. __Peer group networking facilitated by the PCA

f. __Conferences or trainings organized by the PCA

g. __On-site training or technical assistance at your location

h. __Consulting resources provided by the PCA

i. __On-line resources available from the PCA's website

j. __Other (please specify) _____

k. __None (please skip to question 6.11)

6.7   Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent,* please rate the overall training and technical assistance provided by the PCA.

6.8   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the PCA training and technical assistance services in enabling your health center to successfully meet Health Center Program requirements?

6.9   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the PCA training and technical assistance services in enhancing the performance and operations of your health center?

6.10   In your opinion, how can your regional PCA improve its overall Technical Assistance resources? **[capture verbatim]**

Health Center Controlled Network Questions [ONLY IF DEM1= 5]:

6.11   Has your health center participated in a Health Center Controlled Network?

  1. Yes
  2. No **(Skip to Q6.16)**

6.12   Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent,* please rate the overall assistance provided by the Health Center Controlled Network.

6.13   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the Health Center Controlled Networks in enabling your health center to successfully meet Health Center Program requirements?

6.14   On a scale from 1 to 10 where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the Health Center Controlled Networks training and technical assistance services in enhancing the performance and operations of your health center?

6.15   In your opinion, how can your Health Center Controlled Network improve its overall service? **[capture verbatim]**

NCA Questions [Q6.16 – Q6.35 ONLY IF DEM1=1 or 5]:

6.16   Has your health center participated in technical assistance opportunities provided by the any of the following NCAs [e.g., National Association of Community Health Centers, Farmworker Health Network (National Center for Farmworker Health, Migrant Clinicians Network, Farmworker Health Services, Migrant Health Promotion), National Healthcare for the Homeless Council; Public Housing Cooperative Agreements (e.g., North American Management, National Nursing Center Consortium)] in the last 12 months?

      1. Yes
      2. No **(Skip to Q6.30)**

Using a scale from 1 to 10, where 1 is ***Poor*** and 10 is ***Excellent***, please rate the overall training and technical assistance provided by:

6.17   National Association of Community Health Centers
6.18   Farmworker Health Network (National Center for Farmworker Health, Migrant Clinicians Network, Farmworker Health Services, Migrant Health Promotion)
6.19   National Healthcare for the Homeless Council
6.20   Public Housing Cooperative Agreements (e.g., North American Management, National Nursing Center Consortium)

On a scale from 1 to 10 where 1 means ***Not Very Helpful*** and 10 means ***Very Helpful***, how helpful are the NCA training and technical assistance services in enabling your health center to successfully meet Health Center Program requirements?

6.21   National Association of Community Health Centers
6.22   Farmworker Health Network (National Center for Farmworker Health, Migrant Clinicians Network, Farmworker Health Services, Migrant Health Promotion)
6.23   National Healthcare for the Homeless Council
6.24   Public Housing Cooperative Agreements (e.g., North American Management, National Nursing Center Consortium)

On a scale from 1 to 10 where 1 means ***Not Very Helpful*** and 10 means ***Very Helpful***, how helpful are the NCA training and technical assistance services in enhancing the performance and operations of your health center?

6.25   National Association of Community Health Centers
6.26   Farmworker Health Network (National Center for Farmworker Health, Migrant Clinicians Network, Farmworker Health Services, Migrant Health Promotion)
6.27   National Healthcare for the Homeless Council
6.28   Public Housing Cooperative Agreements (e.g., North American Management, National Nursing Center Consortium)

6.29   In your opinion, how can NCAs improve their overall Technical Assistance resources/services? **[capture verbatim]**

Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the overall training and technical assistance resources/services provided by…

6.30   Association of Asian Pacific Community Health Organizations
6.31   Capital Link, Inc.
6.32   National Assembly for School-Based Health Centers

6.35   In your opinion, how can these NCAs improve its overall Technical Assistance resources/services? **[capture verbatim]**

BPHC Technical Assistance [ALL RESPONDENTS]

Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the overall training and technical assistance services provided by:

6.36   BPHC Help Line
6.365   BPHC National Technical Assistance Calls
6.37   BPHC TA Enrichment Series for Grantees (e.g., National HIV/AIDS Strategy; Quality Improvement Planning; Quality Journey)

6.38 BPHC supported TA Consultants
6.39   BPHC Web Site resources
6.41   Other (please specify) _____

6.42   What additional Technical Assistance (TA) resources or tools would enhance the performance of your organization? (Select all that apply)
    1. Quality Improvement
    2. Risk Management
    3. FTCA **[ONLY IF DEM1=1,2,3,5, or 6]**
    4. Governing Board Training
    5. Fiscal
    6. Billing
    7. Strategic Planning
    8. HIT (e.g., Meaningful Use)
    9. EHR
    10. Needs Assessments
    11. Outreach to Special Populations
    12. Behavioral Health Service Integration with Primary Care
    13. Staff Retention and Recruitment
    14. Capital/Growth Planning
    15. Patient Safety
    16. Patient-Centered Medical Home
    17. Teaching Health Centers
    18. School-Based Health Centers
    19. None
    20. Other, (please specify)_____

CFI Group
Claes Fornell International

6.43   In your opinion, how can BPHC improve its overall Training and Technical Assistance resources/services? **[capture verbatim]**

ACSI BENCHMARK QUESTIONS

7.1   Please consider all of the experiences and interactions you have had with BPHC this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with BPHC program management?

7.2   Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does the BPHC compare to your expectations?

7.3   Imagine an ideal process for program management of an organization like yours. How close is the BPHC to that ideal? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*.

Outcome Measures

8.1. Now, please think about your entire experience with the BPHC. On a scale from 1 to 10 where 1 means **Not Very Helpful** and 10 means **Very Helpful**, how helpful was BPHC in enhancing the performance of your organization?

8.2. Using a 10-point scale on which 1 means *Not At All Likely* and 10 means *Very Likely*, how likely is your organization to utilize BPHC-supported Training/Technical Assistance in the future?

8.3. Please use this space for any additional information you would like to provide the BPHC regarding its program operations and processes. **[capture verbatim]**

*Thank you for your time. The HRSA's Bureau of Primary Health Care appreciates your input. If you have any questions or comments about primary health care program management at any time, please contact us at **BPHCreviews@hrsa.gov**.*