

Health Resources and Services Administration Bureau of Primary Health Care (HRSA – BPHC) 2012 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 surveyhelp@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** 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 Cooperative Agreement Competing Application
4. National Cooperative Agreements Continuation Application
5. Look-Alike Initial Application
6. Look-Alike Annual Certification Application
7. Look-Alike Renewal Application
8. 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-d only if Q1.1=3]

Thinking about State/Regional 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
- 1.4d The ease of submitting the application electronically

[Q1.5a-d only if Q1.1=4]

Thinking about 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
- 1.5d The ease of submitting the application electronically

[Q1.6a-d only if Q1.1=5]

Thinking about the Look-Alike Initial 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
- 1.6d The ease of submitting the application electronically

[Q1.7a-d only if Q1.1=6]

Thinking about the Look-Alike Annual Certification 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
- 1.7d The ease of submitting the application electronically

[Q1.8a-d only if Q1.1=7]

Thinking about the Look-Alike Renewal Application guidance, and using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate ...

- 1.8a The ease of filling out the application
- 1.8b The clarity of the language used
- 1.8c How well it captures everything that is needed
- 1.8d The ease of submitting the application electronically

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

Now, using the same scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, how would you rate the following types or sources of BPHC Application Technical Assistance resources you used *during the application process*:

- 1.10 National BPHC conference calls
- 1.11 Individual email/phone conversations with Office of Policy and Program Development (OPPD)
- 1.12 BPHC Helpline
- 1.13 BPHC Website
- 1.14 Other (please specify) _____

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

BUREAU OF PRIMARY HEALTH CARE ELECTRONIC SUBMISSION PROCESS

Please think about the Bureau of Primary Health Care's electronic submission system. This is the system used by grantees to submit reports, request a change in scope, request FTCA coverage, and respond to BPHC Progressive Action conditions, etc.). On a scale from 1 to 10 where 1 is *Strongly Disagree* and 10 is *Strongly Agree*, please rate the Bureau of Primary Health Care's electronic submission system on following:

- ESP1. The system allows me to effectively complete tasks
- ESP2. The system is easy to navigate
- ESP3. The layout of the site allows me to easily find what I am looking for
- ESP4. The system has all the functions and capabilities I need to effectively respond to grant requirements
- ESP5. Error messages in the system are easy to understand and (when appropriate) provide clear instructions on how to fix mistakes
- ESP6. The information provided in the Bureau of Primary Health Care's electronic submission system (such as on-line help, on-screen messages and other documentation) is easy to understand

In your opinion, how can BPHC improve the electronic submission process? Please consider your experience with submitting applications, changes in scope, audits, FTCA coverage, UDS reports, progress reports and responses to Progressive Action conditions in the last year. **[capture verbatim]**

PROGRAM REPORTING REQUIREMENTS

Thinking of the Uniform Data System (UDS) program report for the past year, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, 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

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*?

- 2.4 National BPHC conference calls
 - 2.5 Individual email/phone conversations with the Office of Quality and Data (OQD)
 - 2.6 BPHC Helpline
 - 2.7 BPHC Website
 - 2.8 Other (please specify) _____
- 2.9 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.
- 2.10 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 and Program Assistance Letters 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 to 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. Sub-recipient 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 and Program Assistance Letters*?

- 3.7 National BPHC conference calls
- 3.8 Individual email/phone conversations with Office of Policy and Program Development (OPPD)
- 3.9 BPHC Helpline
- 3.10 BPHC Website
- 3.11 Other (please specify) _____

3.12 In your opinion, how can BPHC improve its Policy Information Notices *and Program Assistance Letters*? **[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
 5. Once
 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 Is your current project officer located in:

- 1. Headquarters
- 2. Regional Offices
- 3. Don't know

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

FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

[Q5.1 – Q5.5 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
- 5.4 Other (please specify) _____

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

TECHNICAL ASSISTANCE & SUPPORT

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:

- 6.1 BPHC National Technical Assistance Calls
- 6.2 BPHC supported TA Consultants
- 6.3 BPHC Website resources

6.4 BPHC TA Enrichment Series for Grantees (e.g., Maximizing Revenue Potential; Stepping Up to Healthy Weight; Expanding Enabling Services: The Health Leads Model)

6.5 Other (please specify) _____

6.6 Please think for a moment about grantee enrichment calls. What topics would you like to see addressed during future grantee enrichment calls? (**Open end response**)

Thinking about the assistance received from the BPHC Helpline, and using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the following:

- 6.7 Timelines of response to my initial inquiry
- 6.8 Proactive follow through for questions that require additional research
- 6.9 Knowledge of the staff who assisted you
- 6.10 Ability to resolve my issue(s) or concern(s)

Thinking about the BPHC TA Website, and using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the BPHC TA Website on...

- 6.11 The ease of navigating the site
- 6.12 The ease of understanding the information provided on the site
- 6.13 The relevance of the technical assistance resources provided on the site
- 6.14 Having current and up-to-date information

6.15 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. Beacon Community Program

- 20. None
- 21. Other, (please specify)_____

- 6.16 On a scale from 1 to 10, where 1 is *Strongly Disagree* and 10 is *Strongly Agree*, please rate the following: “I am clear on which issues to contact the BPHC Helpline versus the HRSA Contact Center for assistance.”
- 6.17 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.