Bureau of Primary Health Care (BPHC)
2016 Stakeholder Satisfaction Survey (SSS)

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.

PROGRAMMING NOTE: ALL 1 TO 10 SCALE QUESTIONS SHOULD BE RANDOMIZED

E-Mail Invitation

Subject: BPHC 2016 Stakeholder Satisfaction Survey

The Bureau of Primary Health Care (BPHC) is inviting you to participate in the annual Stakeholder Satisfaction Survey. BPHC is committed to continuous quality improvement; your feedback, knowledge, and experience are essential to this process. Past feedback has resulted in changes around the budget period progress report structure and the implementation of quarterly all-programs calls.

Please take a few minutes to complete this voluntary survey by clicking on the link below.

[link]

The survey will take approximately 15 minutes to complete. The survey can be accessed immediately and will remain open until September 5, 2016. 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 **anonymous and you will never be identified by name**. If you have any technical issues while taking the survey, please contact surveyhelp@cfigroup.com. If you have any policy-related questions, please contact BPHC at BPHCreviews@hrsa.gov.

This information is vital for BPHC as we work to improve our operations and guide our future actions. Thank you in advance for your participation!

Sincerely,
Tonya Bowers
Acting Associate Administrator, Bureau of Primary Health Care

Survey Introduction

The Bureau of Primary Health Care (BPHC) is committed to continuous quality improvement. As part of this effort, we are requesting feedback on **your experiences with BPHC** in the past year. The survey is hosted via a secure server; your responses will remain **anonymous and you will never be identified by name**. It will take approximately 15 minutes to complete this survey. This survey will remain open until September 5, 2016. This survey is authorized by Office of Management and Budget Control No. 1090-0007 which expires May 31, 2018.

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 designated as a Look-Alike: (Select all that apply)

    a) Health Center Program Grantee
    b) State/Regional Primary Care Association
    c) National Cooperative Agreement
    d) Health Center Program Look-Alike
    e) Health Center Controlled Network
    f) Free Clinic ONLY (not affiliated with any other grants)
    g) Native Hawaiian Heath Care Improvement Program
    h) Other (Please specify)_____

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

DEM3. How long have you been a BPHC program participant?

    a) Less than 1 year
    b) 1 year to less than 5 years
    c) 5 years to less than 10 years
    d) 10 years to less than 20 years
    e) 20 years or more
    f) Don't Know

APPLICATION PROCESS

Please consider your experience with applications for BPHC **competing/non-competing continuation funding designation** in the last year.

1.1   In the past 12 months, which of the following applications have you submitted most recently? (Please select only one)?

   a) Health Center Service Area Competition Application (SAC)
   b) Health Center Budget Period Renewal Application (BPR)
   c) State/Regional Cooperative Agreement Non-Competing Continuation Application (PCA)
   d) National Cooperative Agreement Competing/Non-Competing Application (NCA)
   e) Look-Alike Annual Certification Application
   f) Look-Alike Renewal of Designation Application
   g) Health Center Controlled Network Non-Competing Continuation Application
   h) None of the above (skip to BPHC ELECTRONIC SUBMISSION PROCESS)

Please consider your experiences with applications, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …

   1.2   The clarity of the application instructions

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*:

   1.3 National BPHC conference calls
   1.4 Individual email/phone conversations with BPHC staff
   1.5 BPHC Helpline
   1.6 BPHC website (content)
   1.7 Other (please specify) _____

1.8   In your opinion, how can BPHC improve its continuation application process?
         (Narrative comments requested)

ELECTRONIC SUBMISSION PROCESS

Please consider your experiences with the Bureau of Primary Health Care's electronic submission system (Electronic Hand Books or EHB). This is the system used by program participants to submit applications, progress reports, change in scope requests, and respond to Progressive Action conditions, etc. Using 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. Error messages in the system are easy to understand and, when appropriate, provide clear instructions on how to fix mistakes, or how to report an error

ESP4. 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

ESP5. 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.
(Narrative comments requested)

PROGRAM REPORTING REQUIREMENTS

Please consider your experiences with the Uniform Data System (UDS) program report over 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 reporting instructions (UDS Manual)
    2.3 Usefulness of performance/comparison reports in assisting your organization

Now, using 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 BPHC staff
    2.6 BPHC Helpline
    2.7 BPHC website content specific to UDS
    2.8 UDS online trainings
    2.9 UDS State trainings
    2.10 Other (please specify) _____

2.11 In your opinion, how can BPHC improve the UDS program reporting system? **(Narrative comments requested)**

BPHC PROGRAM POLICY COMMUNICATIONS

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate BPHC Program-Related Policy Communications (e.g. BPHC Policy Information Notices (PINs) and Program Assistance Letters (PALs)) 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. Ease of locating PINs and PALs on BPHC's website (BPHC.HRSA.GOV)

On a 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 Program-Related Policy Communications (e.g. Policy Information Notices and Program Assistance Letters)*?

      3.6   National BPHC conference calls
      3.7 Individual email/phone conversations with BPHC staff
      3.8   BPHC Helpline
      3.9   BPHC website content specific to Program-Related Policy Communications
      3.10 Other (please specify) _____

3.11 Using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the BPHC All Programs Calls, implemented in response to past surveys:

3.12 In your opinion, how can BPHC improve its Program-Related Policy Communications?
      (Narrative comments requested)

RELATIONSHIP BETWEEN PROGRAM PARTICIPANT & PROJECT OFFICER

Please consider 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:

      a) Weekly
      b) Monthly
      c) Quarterly
      d) Twice
      e) Once
      f) 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
      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
      4.9   Keeping you informed about upcoming changes or issues that will affect your program
4.10 How can your BPHC Project Officer better serve you and your organization? **(Narrative comments requested)**

FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

Using 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 content specific to the FTCA program
- 5.3 BPHC staff
- 5.4 Other (please specify) _____

5.5 In your opinion, how can BPHC improve the FTCA program? **(Narrative comments requested)**

FREE CLINICS & SUPPORT

1. Please consider your experiences with the free clinic application, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate …

   a) The clarity of the application instructions
   b) The timeliness of the review and approval process

2. Now, using the same scale 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 free clinic application process*:

   a) FTCA PAL Webinars/TA Calls
   b) Individual email/phone conversations with BPHC staff
   c) BPHC Helpline
   d) BPHC website

3. In your opinion, how can the FTCA Free Clinic Program improve its continuation application process? (**Narrative comments requested**)

CUSTOMER SERVICE AND COMMUNICATION

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

- 6.1 Timelines of response to inquires
- 6.2 Proactive follow through on questions that required additional research
- 6.3 Knowledge of Helpline staff
- 6.4 Ability to resolve issue(s) or concern(s)

Please consider your experience with the BPHC website, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the BPHC website on…

6.5 The ease of navigating the BPHC website to find information you need (e.g. number of clicks)

6.6 The ease of understanding the information provided on the BPHC website

6.7 The relevance of the technical assistance resources provided on the BPHC website

6.8 Having current and up-to-date information on the website

6.9 Do you have any comments or suggestions about the BPHC website and/or BPHC Helpline? (**Narrative comments requested**)

PRIMARY HEALTH CARE DIGEST

Please consider your experience with the Primary Health Care Digest, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, rate the Primary Health Care Digest on:

7.1 The usefulness of information provided in the Primary Health Care Digest

7.2 The ease of understanding the information provided in the Primary Health Care Digest

7.3 The relevance of the technical resources provided in the Primary Health Care Digest

7.4 Do you have any comments or suggestions about the Primary Health Care Digest? (**Narrative comments requested**)

BPHC Site Visits

(Provide a "Not Applicable" option for respondents)

Please consider your experiences with BPHC Site Visits over the past 12 months. Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate your experience with BPHC Site Visits:

SV1. Helpfulness of guidance from BPHC for preparing my organization for site visits

SV2. Time my organization had to prepare for site visits

SV3. Professionalism of on-site review team (e.g. courteous, responsive, respectful)

SV4. Timeliness of debriefing information provided by BPHC (e.g. site visit report)

SV5. Usefulness of debriefing information provided by BPHC (e.g. site visit report)

SV6. Quality of debriefing information provided by BPHC (e.g. site visit report)

SV7. In your opinion, how can BPHC improve your experience with BPHC site visits? (**Narrative comments requested**)

If made available, would your clinic be interested in receiving on-site "coaching" or technical assistance?

a) Yes
b) No

If yes, what areas would your Clinic be most interested in receiving assistance? (Please check all that apply)

        a) Electronic Application Assistance
        b) Credentialing and Privileging
        c) Quality Assurance/Quality Improvement Plans and Resources
        d) Other. Please specify: _____

If made available, would your organization be interested in receiving on-site "coaching" or technical assistance?

        a) Yes
        b) No

If yes, what areas would your organization be most interested in receiving assistance? (Please check all that apply)

        a) Clinical
        b) Admin/Governance
        c) Financial
        d) Other. Please specify: _____

ACSI BENCHMARK QUESTIONS

8.1 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?

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

8.3 Imagine an ideal process for program management of an organization like yours. How close is 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

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

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

9.3 Please use this space for any additional information you would like to provide BPHC regarding its program operations and processes. **(Narrative comments requested)**

CFI Group

Thank you for your time. 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 **BPHC** *.*