Bureau of Primary Health Care (BPHC) 2017 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

An email will be sent containing an invitation/request to complete the survey, similar to the text below.

Subject: BPHC 2017 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. We ask that when you are taking the survey, you focus on your experiences with BPHC in the past 12 months.

The survey will take approximately 15 minutes to complete. The survey can be accessed immediately and will remain open until September 5, 2017. 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**.

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

[link]

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,
Jim Macrae
Associate Administrator, Bureau of Primary Health Care

Survey Introduction

Welcome to the Bureau of Primary Health Care (BPHC) Stakeholder Satisfaction Survey.

Please take a moment to share your views on our organization. BPHC is committed to continuous quality improvement; your feedback is essential to this process. This survey is very important to help us chart a constructive and purposeful way forward for BPHC. We ask that when you are taking the survey, you focus on your experiences with BPHC in the past 12 months.

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, 2017. Please note that a response to all survey questions is required. If the question does not apply to you, or if you are unsure of your answer, please select the "Don't Know/Not Applicable" option.

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 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) award that you currently receive or if you are designated as a Look-Alike: (Select all that apply)

   a) Health Center Program
   b) Health Center Program Look-Alike
   c) State/Regional Primary Care Association
   d) National Cooperative Agreement
   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

DEM4. 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 Progress Report (BPR)
c) New Access Point (New Start Application)
d) Look-Alike Annual Certification Application
e) Look-Alike Renewal of Designation Application
f) Look-Alike Initial Designation Application
g) State/Regional Cooperative Agreement Competing/Non-Competing Continuation Application (PCA)
h) National Cooperative Agreement Competing/Non-Competing Continuation Application (NCA)
i) Health Center Controlled Network Non-Competing Continuation Application
j) Native Hawaiian Health Care Improvement Program
k) None of the above

APPLICATION PROCESS (CLARITY)

Please consider your experience with applications for BPHC funding or Look-Alike designation in the last year, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the following: (There is a "Don't Know/Not Applicable" option)

APC1. The clarity of the application instructions

APC2. The clarity of forms used while submitting an application

APC3. In your opinion, how can BPHC improve the clarity of application instructions and forms? (Note: optional) (Narrative comments requested)

APPLICATION PROCESS (TECHNICAL ASSISTANCE)

Please consider your experience with applications for BPHC funding or Look-Alike designation in the last year, and using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the following types of BPHC Technical Assistance resources that you used during the application process:
(There is a "Don't Know/Not Applicable" option)

ATA1. BPHC Technical Assistance (TA) Webinars for Applicants

ATA2. Individual communication with BPHC staff via email or phone (e.g., BPHCSAC@hrsa.gov) related to the application process

ATA3. BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center

ATA4. Content on the BPHC website (https://bphc.hrsa.gov) related to application technical assistance (e.g., application FAQs, sample forms, etc.)

ATA5. In your opinion, how can BPHC improve technical assistance resources related to the application process? (Note: optional) (Narrative comments requested)

ELECTRONIC HANDBOOK (EHB)

For this section, please consider your experiences using the Electronic Handbook (EHB) in the past 12 months. Among other things, this is the system used by program participants to submit applications, progress reports, change in scope requests, and respond to Progressive Action conditions. 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 Handbook (EHB) on the following:

EHB1. The EHB system allows me to effectively complete tasks (e.g., conditions, CIS requests, prior approvals, etc.)

EHB2. The EHB system is easy to navigate

EHB3. The information provided in the EHB system (e.g., online help, on-screen messages, etc.) is easy to understand

EHB4. BPHC has made useful improvements to the EHB system over the past 12 months

EHB5. In your opinion, how can BPHC improve the EHB system? Please consider your experience with submitting applications, changes in scope, audits, FTCA coverage, UDS reports, progress reports and responses to Progressive Action conditions. (Note: optional) (Narrative comments requested)

UNIFORM DATA SYSTEM (PROGRAM REPORTING)

Please consider your experiences with UDS program reporting in the past 12 months. Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the following:
(There is a "Don't Know/Not Applicable" option)

UPR1. The ease of filling out the UDS report

UPR2. The clarity of reporting instructions in the UDS Manual (i.e., clarity of when, where and how to report UDS data)

UPR3. Usefulness of UDS Manual enhancements over the past 12 months

UPR4. Timeliness of UDS Manual release date to support UDS reporting

UPR5. Usefulness of performance/comparison reports in assisting your organization

UPR6. Usefulness of UDS measures for helping my organization with quality improvement efforts

UTA7. In your opinion, how can BPHC improve UDS program reporting? (Note: optional) (Narrative comments requested)

UNIFORM DATA SYSTEM (TECHNICAL ASSISTANCE)

Please consider your experiences with UDS technical assistance resources in the past 12 months. Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the following types of BPHC Technical Assistance resources that you used during the UDS program reporting process:

(There is a "Don't Know/Not Applicable" option)

UTA1. BPHC technical assistance webinars to support UDS submissions

UTA2. Individual communication with BPHC staff via email or phone (related to UDS Technical Assistance)

UTA3. BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center

UTA4. Content on the BPHC website (https://bphc.hrsa.gov) related to UDS Technical Assistance

UTA5. UDS online trainings

UTA6. UDS State trainings

UTA7. In your opinion, how can BPHC improve Technical Assistance resources related to UDS program reporting? (Note: optional) (Narrative comments requested)

COMMUNICATION OF PROGRAM REQUIREMENTS & PROCESSES FOR CHANGE IN SCOPE

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate BPHC's communication of Program Requirements and processes for change in scope (e.g., BPHC Policy Information Notices (PINs), Program Assistance Letters (PALs), etc.):
(There is a "Don't Know/Not Applicable" option)

CPR1. Effectiveness of BPHC communications in helping your organization understand and demonstrate compliance with program requirements (e.g., BPHC Policy Information Notices (PINs), Program Assistance Letters (PALs), etc.)

CPR2. Effectiveness of BPHC communications in helping your organization understand processes for requesting a change in scope (e.g., when it's required, and how to do it)

CPR3. In your opinion, how can BPHC improve the communication of program requirements and processes for change in scope? (Note: optional) (Narrative comments requested)

TECHNICAL ASSISTANCE FOR UNDERSTANDING & DEMONSTRATING COMPLIANCE WITH PROGRAM REQUIREMENTS

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the following sources of Technical Assistance in terms of helping your organization understand and demonstrate compliance with program requirements:
(There is a "Don't Know/Not Applicable" option)

TAU1. BPHC technical assistance webinars related to understanding and demonstrating compliance with program requirements

TAU2. Individual communication with BPHC staff via email or phone (related to helping your organization understand and demonstrate compliance with program requirements)

TAU3. BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center

TAU4. Content on the BPHC website (https://bphc.hrsa.gov) related to understanding and demonstrating compliance with program requirements (e.g., BPHC Policy Information Notices (PINs), Program Assistance Letters (PALs), etc.)

TAU5. In your opinion, how can BPHC improve Technical Assistance resources in terms of helping your organization understand and demonstrate compliance with program requirements? (Note: optional) (Narrative comments requested)

BPHC ALL PROGRAMS WEBCASTS

On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the BPHC All Programs webcasts:
(There is a "Don't Know/Not Applicable" option)

BAP1. Usefulness of BPHC All Programs Webcasts

BAP2. In your opinion, how can BPHC continue to improve the BPHC All Programs Webcasts?   (Note: optional) (Narrative comments requested)

RELATIONSHIP BETWEEN PROGRAM PARTICIPANT & PROJECT OFFICER

Please consider your interactions with your BPHC Project Officer in the past 12 months. (There is a "Don't Know/Not Applicable" option)

PO1. On overage, how frequently did you communicate with your BPHC Project Officer in the past 12 months (e.g., emails, phone conversations, site visits, etc.)?

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:

PO2. Understanding of your program's issues

PO3. Knowledge of BPHC program and policy requirements

PO4. Knowledge of policy and program issues specific to your state/region

PO5. Timeliness in responding to your programmatic questions/issues

PO6. Ability to answer your questions or refer you to an appropriate contact/resource

PO7. Willingness to work with you to accomplish the goals of your program(s) supported by BPHC

PO8. Effectiveness in keeping you informed of issues that affect your program(s)

PO9. In your opinion, how can your BPHC Project Officer better serve you and your organization? (Note: optional) (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 FTCA program support you have received from the following sources in the past 12 months:
(There is a "Don't Know/Not Applicable" option)

FT1. BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center

FT2. Content on the BPHC website (https://bphc.hrsa.gov) related to FTCA program support (e.g., webinars, webcasts, program related policy communications, etc.)

FT3. Individual communication with BPHC staff via email or phone (related to FTCA program support)

FT4. In your opinion, how can BPHC improve the FTCA program? (Note: optional) (Narrative comments requested)

FREE CLINICS & SUPPORT

Please consider your experiences with free clinic applications in the past 12 months. Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate:
(There is a "Don't Know/Not Applicable" option)

FC1. The clarity of the application instructions

FC2. The timeliness of the review and approval process

Using the same 1 to 10 scale, 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*?

FC3. FTCA PAL Webinars/TA Calls

FC4. Individual communication with BPHC staff via email or phone (related to free clinic applications)

FC5. BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center

FC6. Content on the BPHC website (https://bphc.hrsa.gov) related to free clinic applications

FC7. In your opinion, how can the FTCA Free Clinic Program improve its continuation application process? (Note: optional) (Narrative comments requested)

BPHC HELPLINE STAFF

Please consider your experiences with BPHC Helpline staff in the past 12 months (BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center). Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the BPHC Helpline staff on the following:
(There is a "Don't Know/Not Applicable" option)

BHL1. Timelines of response to inquires

BHL2. Proactive follow through on questions that required additional research

BHL3. Knowledge of Helpline staff

BHL4. Ability to resolve issue(s) or concern(s)

BHL5. In your opinion, how can the BPHC Helpline staff improve their services? (Note: optional) (Narrative comments requested)

BPHC WEBSITE (https://bphc.hrsa.gov)

Please consider your experiences with the BPHC website in the past 12 months (https://bphc.hrsa.gov). Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the BPHC website on the following:
(There is a "Don't Know/Not Applicable" option)

BW1. Overall usefulness of information provided on the BPHC website (https://bphc.hrsa.gov)

BW2. Usefulness of clinical resources on the BPHC website (https://bphc.hrsa.gov) for supporting quality improvement in your organization

BW3. Ease of navigating the BPHC website to find information you need

BW4. In your opinion, how can BPHC improve the BPHC website? (Note: optional) (Narrative comments requested)

PRIMARY HEALTH CARE DIGEST

Please consider your experiences with the Primary Health Care Digest in the past 12 months. Using a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the Primary Health Care Digest on the following:
(There is a "Don't Know/Not Applicable" option)

PHC1. Overall usefulness of information provided in the Primary Health Care Digest

PHC2. Usefulness of clinical resources provided in the Primary Health Care Digest for supporting quality improvement in your organization

PHC3. In your opinion, how can BPHC improve the Primary Health Care Digest (e.g., frequency of publication, topics featured, etc.)? (Note: optional) (Narrative comments requested)

BPHC Site Visits

Please consider your experiences with BPHC Site Visits in 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 on the following:
(There is a "Don't Know/Not Applicable" option)

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

SV2. Usefulness of pre-site visit conference

SV3. Adequacy of time my organization had to prepare for site visits

SV4. Knowledge of the onsite review team as it relates to BPHC program requirements

SV5. Professionalism of on-site review team (e.g. courteous, responsive, respectful, etc.)

SV6. Usefulness of post-site visit exit conference

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SV7. BPHC communication of conditions (if applicable) and next steps

SV8. Timeliness of site visit reports provided by BPHC

SV9. Quality of site visit reports provided by BPHC

SV10. In your opinion, how can BPHC improve your experience with BPHC site visits? (Note: optional) (Narrative comments requested)

ADDITIONAL TECHNICAL ASSISTANCE QUESTIONS

TA1. Have you received training and/or technical assistance (T/TA) from any of the following organizations in the past 12 months? Check all that apply.

    a) State and Regional Primary Care Associations

    b) National Cooperative Agreements

    c) Health Center Controlled Networks

TA2. If made available, would your organization be interested in receiving on-site "coaching" or technical assistance?

    a) Yes

    b) No

TA3. If yes, what areas would your organization be most interested in receiving assistance? (Check all that apply)

    a) Electronic Application Assistance

    b) Credentialing and Privileging

    c) Quality Assurance/Quality Improvement Plans and Resources

    d) Clinical

    e) Admin/Governance

    f) Financial

    g) Other. Please specify: _____

ACSI BENCHMARK QUESTIONS

A1. 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?

A2.   Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does BPHC compare to your expectations?

A3.   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

OM1.   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?

OM2.   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? (e.g. training and technical assistance (T/TA) from NCAs, PCAs, as well as T/TA in the areas of Clinical Quality Measures (CQM), Accreditation and PCMH, Behavioral Health Integration, Substance Abuse Services, Oral Health Integration, etc.)

OM3.   Please use this space for any additional information you would like to provide BPHC regarding its program operations and processes. (Note: optional) (Narrative comments requested)

*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 **BPHCreviews@hrsa.gov**.*