HRSA Bureau of Primary Health Care (BPHC) 2018 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: HRSA Bureau of Primary Health Care 2018 Stakeholder Satisfaction Survey

HRSA's Bureau of Primary Health Care (BPHC) is inviting you to participate in the annual Stakeholder Satisfaction Survey. HRSA 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 11, 2018. An independent research and consulting firm is conducting this survey. The survey is hosted via a secure server; your responses will remain anonymous, and you will never be identified by name.

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, contact surveyhelp@cfigroup.com. If you have any other questions, contact BPHC at BPHCreviews@hrsa.gov.

This information is vital for HRSA 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

CFI Group

Welcome to HRSA's Bureau of Primary Health Care (BPHC) Stakeholder Satisfaction Survey.

Please take a moment to share your views on our organization. HRSA 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 11, 2018. 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, select the "Don't Know/Not Applicable" option.

If you have any technical issues while taking the survey, contact surveyhelp@cfigroup.com. If you have any other questions, contact BPHC at BPHCreviews@hrsa.gov. This survey is authorized by Office of Management and Budget Control No. 1090-0007 which expires July 31, 2018.

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

SCREENING/DEMOGRAPHIC QUESTIONS

DEM1.   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. 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 did you submit most recently? (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)

Consider your experiences with applications for BPHC funding opportunities or Look-Alike designation during the past 12 months. Using a 1 to 10 scale, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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. The clarity of requirements for Health Center Program compliance

APC4. In your opinion, how can BPHC improve the clarity of application instructions and forms? (Note: optional) (Narrative comments requested)

APPLICATION PROCESS (TECHNICAL ASSISTANCE)

Consider your experiences with application technical assistance resources for BPHC funding opportunities or Look-Alike designation during the past 12 months. Using a 1 to 10 scale, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, there is a "Don't Know/Not Applicable" option)

ATA1. BPHC Technical Assistance (TA) Webinars for Applicants

ATA2. Individual communication with BPHC staff 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)

Consider your experiences using the Electronic Handbook (EHB) in the past 12 months. Among other things, the EHB system is used to submit applications, progress reports, change in scope requests, and respond to progressive action conditions. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, there is a "Don't Know/Not Applicable" option)

EHB1. Effectiveness of the EHB system for supporting me in my tasks (e.g., conditions, CIS requests, prior approvals, etc.)

EHB2. Ease of navigating the EHB system

EHB3. Ease of understanding the information provided in the EHB system (e.g., online help, on-screen messages, etc.)

EHB4. Usefulness of improvements to the EHB system over the past 12 months

EHB5. In your opinion, how can BPHC improve the EHB system? 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)

Consider your experiences with Uniform Data System (UDS) reporting in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following statements: (As a reminder, there is a "Don't Know/Not Applicable" option)

UPR1. Timeliness of the UDS Manual release date for supporting UDS reporting

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

UPR3. Ease of using the electronic UDS reporting system

UPR4. Usefulness of performance/comparison reports for assisting my organization

UPR5. Usefulness of the UDS measures in helping my organization with quality improvement efforts

UPR6. Usefulness of visualizations and/or analyses of UDS data for helping my organization (e.g., National, regional, and state visualizations)

UPR7. In your opinion, how can BPHC improve UDS reporting or your ability to visualize or analyze UDS data? (Note: optional) (Narrative comments requested)

UNIFORM DATA SYSTEM (TECHNICAL ASSISTANCE)

Consider your experiences with UDS technical assistance resources during the past 12 months. Using a 1 to 10 scale, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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. Content on the BPHC website (https://bphc.hrsa.gov) related to UDS technical assistance

UTA4. In your opinion, how can BPHC improve technical assistance resources related to UDS? (Note: optional) (Narrative comments requested)

UNIFORM DATA SYSTEM (MODERNIZATION INITIATIVE)

Consider your experiences with the UDS Modernization Initiative over the past 12 months. Using a scale from 1 to 10, where 1 is *Strongly Disagree* and 10 is *Strongly Agree*, rate the following four (4) aspects of UDS Modernization: (There is a "Don't Know/Not Applicable" option)

UMI1. The information within the BPHC website related to the UDS Modernization Initiative is useful

UMI2. The UDS Modernization Initiative has helped reduced the burden associated with reporting UDS

UMI3. The UDS Modernization Initiative has led to UDS changes that better reflect health center improvements in patient-centered care and an evolving primary care setting
UMI4. The UDS Modernization Initiative has increased transparency with UDS processes
UMI5. The UDS Modernization Initiative has provided adequate opportunity for stakeholder feedback

COMMUNICATION OF PROGRAM REQUIREMENTS & PROCESSES FOR CHANGE IN SCOPE

Consider your experiences with BPHC's support for understanding program requirements and processes for change in scope (e.g., Health Center Program Compliance Manual) in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, there is a "Don't Know/Not Applicable" option)

CPR1. Effectiveness of BPHC communications in helping my organization understand and demonstrate compliance with program requirements (e.g., Health Center Program Compliance Manual, Site Visit Protocol, etc.)

CPR2. Effectiveness of BPHC communications in helping my organization understand processes for requesting a change in scope (i.e., when 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

Consider your experiences with technical assistance in terms of helping your organization understand and demonstrate compliance with program requirements during the past 12 months. Using a 1 to 10 scale, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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., Health Center Program Compliance Manual)

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

Consider your experiences with BPHC "All Programs Webcasts" (i.e., recurring calls featuring BPHC Associate Administrator) in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following statement: (As a reminder, 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

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

PO1. On average, 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

Consider your interactions with your BPHC Project Officer in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following statements based upon your interactions with your Project Officer: (As a reminder, there is a "Don't Know/Not Applicable" option)

PO2. Understanding of my program's issues

PO3. Knowledge of BPHC program and policy requirements

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

PO5. Timeliness in responding to my programmatic questions/issues

PO6. Ability to answer my questions or refer me to an appropriate contact/resource

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

PO8. Effectiveness in keeping me informed of issues that affect my 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

Consider your experiences with BPHC support for the Federal Tort Claims Act (FTCA) program in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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. Content in the Health Center Program Compliance Manual related to FTCA deeming requirements

FT4. Individual communication with BPHC staff via email or phone (related to FTCA program support)

FT5. In your opinion, how can BPHC improve the FTCA program? (Note: optional) (Narrative comments requested)

FREE CLINICS & SUPPORT

Consider your experiences with free clinic applications in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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 Free Clinic Deeming Application 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

Consider your experiences with BPHC Helpline staff (BPHC Helpline (877-974-2742), not to be confused with the HRSA Call Center) in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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)

Consider your experiences with the BPHC website (https://bphc.hrsa.gov) in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following statements: (As a reminder, 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 (https://bphc.hrsa.gov) to find information you need
>
> BW4. In your opinion, how can BPHC improve the BPHC website (https://bphc.hrsa.gov)? (Note: optional) (Narrative comments requested)

PRIMARY HEALTH CARE DIGEST

Consider your experiences with the Primary Health Care Digest (PHCD) in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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

Consider your experiences with BPHC Site Visits in the past 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, rate the following: (As a reminder, 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., objective, courteous, responsive, respectful, etc.)

SV6. Usefulness of site visit exit conference

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

SV8. Timeliness of site visit reports provided by BPHC

SV9. Usefulness of site visit reports provided by BPHC

SV10. Usefulness of BPHC resources in helping my organization understand the content in our site visit report (e.g., Health Center Program Compliance Manual, Site Visit Protocol)

SV11. 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. Consider all of the experiences and interactions you have had with BPHC over the past 12 months. Using a scale from 1 to 10, where 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with BPHC?

A2. Consider your overall experiences and interactions with BPHC over the past 12 months. Using a scale from 1 to 10, where 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. Using a scale from 1 to 10, where 1 means *Not Very Close to Ideal* and 10 means *Very Close to Ideal*, how close is BPHC to that ideal?

OUTCOME MEASURES

OM1. Consider your overall experience with BPHC in the past 12 months. Using a scale 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 Consider your overall experience with BPHC in the past 12 months. Using a scale from 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.   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**.*