

**Bureau of Primary Health Care  
Program Management Resource Compendium  
In-depth Interview Guide  
Final - August 20, 2021**

## Welcome and Introduction

*Good afternoon and thank you for agreeing to speak with me today. My name is (moderator's name). I am conducting interviews on behalf of the Health Resources and Services Administration's, or HRSA's, Bureau of Primary Health Care, or BPHC. We are interested in learning about your perspectives of and experiences with BPHC and the Health Center Program. The purpose of this interview is to gather information that will help us document key milestones and the impact of BPHC actions/decisions on the development and growth of the Health Center Program.*

*Before we get started, I want to let you know that I am not employed by HRSA or BPHC. I am an independent consultant and moderator, trained to facilitate our discussion. I have no opinions about these issues, and there are no right or wrong answers to the questions I will ask. I am simply interested in learning about your perspectives and opinions—positive, negative, and neutral.*

*Our conversation today will be informal and will last for about an hour. Your participation is entirely voluntary; you are not obliged to respond to any of my questions, and you can end our discussion at any time. Please remember that this conversation will be recorded and transcribed for later analysis. [Start recording.]*

*Do you have any questions for me before we get started?*

## I. BPHC Organizational Structure [10 minutes]

To begin, I'd like to ask you some questions about your knowledge and recollections of the origins of BPHC.

1. What, if anything, can you tell me about the early years of what eventually became BPHC?
  - a. What, if anything, do you know about how and why the Health Center Program transferred from the Office of Economic Opportunity to the Department of Health and Human Services?
  - b. What, if anything, do you know about the merger of the Health Services Administration and the Health Resources Administration to form HRSA in 1982?
  - c. What, if anything, can you tell me about the creation of the Bureau of Health Care Delivery and Assistance?
  - d. In 1992, the Bureau of Health Care Delivery and Assistance was renamed the Bureau of Primary Health Care. Are you aware of the rationale for this change?
2. What organizational changes have had the biggest impact on BPHC operations and the management of the Health Center Program?

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## II. Milestones and Key Decisions (20 minutes)

Now, I'd like to get your perspective on BPHC milestones and key decisions. For the purpose of this conversation, a milestone is defined as a significant point in an organization's development that focuses attention on things of concern or interest to the organization. Key milestones are the signposts that mark each significant event along the way of an organization's historic journey.

1. From your perspective, what key milestones and decisions have impacted the management of the Health Center Program over the years that you have been affiliated with BPHC/HRSA?
  
2. How have these milestones and/decisions impacted health centers and BPHC?

Next, I will share a summary of key BPHC milestones and decisions from various eras that you may be aware of based on the time frame you were affiliated with BPHC [INSERT YEAR FROM SCREENER]to [INSERT YEAR FROM SCREENER]. Then I'll ask you some questions about your knowledge and recollections of these key milestones and their impact.

**a. 1970's & 1980's**

- i. Health Center Regulations (1976)
- ii. Bureau Common Reporting Records (BCRR) (1978)
- iii. Block Grant Proposal (1980)
- iv. Rural Health Initiative (1980s)
- v. National Association of Community Health Centers (NACHC)/Primary Care Association (PCA) Initial Investments (1980s)

**b. 1990's**

- i. Federally Qualified Health Center (FQHC) Designation – Prospective Payment System (PPS) payment and Look-Alikes (1990)
- ii. Creation of HIV/AIDS Bureau (1990)
- iii. 340B Program (1992)
- iv. Federal Tort Claims Act (FTCA) Program (1992)
- v. Government Accountability Office (GAO) Management Studies (1992)
- vi. Health Center Controlled Networks (HCCN) Investments (1994)
- vii. Models That Work (1995)
- viii. PHS-OASH Management Level Elimination (1995)
- ix. Health Center Consolidation (1996)
- x. Program Expectations (1996)
- xi. Loan Guarantee Program (1997)
- xii. 100% Access/0 Health Disparities Initiative (1999)

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**c. Early 2000's**

- i. Uniform Data System (UDS) Clinical Measures (2000)
- ii. Bush Administration Growth Initiative (1,200 new/expanded sites) (2001 – 2007)
- iii. Project Officer Centralization (2003)
- iv. Summary of Program Requirements (2007)
- v. Operational Site Visits (OSV) (2008)
- vi. Service Area Competition (2008)
- vii. American Recovery and Reinvestment Act (2009)
- viii. Health Disparities Collaboratives (2010)
- ix. Teaching Health Center Program (2010)

**d. Mid 2000's to Present**

- i. Affordable Care Act (2010 – 2015)
- ii. Accreditation Initiative (2011)
- iii. Grantee Satisfaction Survey (2012)
- iv. Patient Survey (2014)
- v. Quality Improvement Awards (2014-2020)
- vi. Health Center Program Compliance Manual (2017)
- vii. Quality Improvement Fund (2020-onward)
- viii. COVID-19, CARES Act, and Expanding Capacity for Coronavirus Testing (ECT) Funding (2020)
- ix. American Rescue Plan Funding (2021)
- x. Workforce Survey (2021)

3. Reviewing this list of milestones, which one(s) do you see as being the most important in the development and growth of the Health Center Program? Why do you feel that way?
4. What caused the biggest changes—both positive and negative—in the Health Center Program?
5. What key milestones/decisions in the development of BPHC should be included, but are missing?
6. What other, outside events/factors most impacted the Health Center Program?

### III. BPHC Evolution of Management Practices and Priorities (10 minutes)

Next, we will discuss the evolution of BPHC's management practices. For the purpose of this conversation, management processes refer to the working methods and innovations that managers use to improve the effectiveness of work systems. Common management practices

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include empowering staff, training staff, introducing schemes for improving program development, compliance and quality, and introducing various forms of new technology and technical assistance.

1. With this in mind, how have BPHC's management processes evolved over time?
  - a. What were they like when you began working there?
  - b. What were they like when your affiliation with the Bureau ended?
  - c. What are they like today?
2. How have changes in management processes impacted BPHC over time?
3. What innovative management process has BPHC implemented over time?
4. What management processes have presented challenges? How has BPHC overcome these challenges?
5. In your opinion, what public health priorities have been BPHC's primary focus in the past?
  - a. [Prompts if needed] How much of a focus for BPHC was:
    - i. Emergency Response and Preparedness
    - ii. Behavioral Health and Primary Care Integration
    - iii. Infectious Disease Management
    - iv. Chronic Care Management
    - v. Preventive Health Services
    - vi. Population Health Management
    - vii. Workforce Development and Training
    - viii. Primary Care Redesign
    - ix. Use of Technology and Data
    - x. Other priorities?
  - b. What impact, if any, has BPHC had on these areas?
6. What priorities do you believe require BPHC's attention today?
  - a. [Prompts if needed] How much of a focus for BPHC is:
    - i. Emergency Response and Preparedness
    - ii. Behavioral Health and Primary Care Integration

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- iii. Infectious Disease Management
- iv. Chronic Care Management
- v. Preventive Health Services
- vi. Population Health Management
- vii. Workforce Development and Training
- viii. Primary Care Redesign
- ix. Use of Technology and Data
- x. Other priorities?

b. What impact would you like to see BPHC have on these areas?

c. How could BPHC increase its impact in these areas?

### III. BPHC – Core Functions and Values [10 minutes]

In the final section discussing BPHC, I would like to get your thoughts on its core functions and values.

1. Your affiliation with BPHC began in [INSERT YEAR FROM SCREENER] and ended in the year [INSERT YEAR FROM SCREENER]. At start of your affiliation with BPHC, what were the Bureau's core functions?
  - a. How, if at all, did BPHC's core functions evolve over the period of your affiliation with the Bureau?
  - b. Are you aware of how, if at all, are BPHC's core functions are different today?
2. What values have remained fundamental and distinctive to the Bureau since its inception? Please provide examples.
3. To effectively achieve its strategy, what principles should guide how BPHC works? Please explain.
4. Are there any specific ways you would recommend for BPHC to raise awareness about its achievements and overall role within other agencies? To the larger community?

### III. The Health Center Program [10 minutes]

In the final part of our conversation, we will briefly talk about the Health Center Program.

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1. In your opinion, what emerging public health priorities require the attention of the Health Center Program today?
  - a. [Prompts if needed] How much of a focus for community health centers is:
    - i. Emergency Response and Preparedness
    - ii. Behavioral Health and Primary Care Integration
    - iii. Infectious Disease Management
    - iv. Chronic Care Management
    - v. Preventive Health Services
    - vi. Population Health Management
    - vii. Workforce Development and Training
    - viii. Primary Care Redesign
    - ix. Use of Technology and Data
    - x. COVID-19
    - xi. Other priorities?
2. How have BPHC's management practices guided the community health center movement?
  - a. What particular practices have supported the Health Center Program?
  - b. What practices have hindered Health Center Program efforts?
3. What efficiencies can BPHC management implement in the future for improvement?
  - a. What specific examples can you provide for improvements?
  - b. Where have you seen these examples? Other community health centers? Your own idea?
4. How successful have training, technical assistance, and professional development strategies been?
  - a. Which approaches have been most successful and why?
  - b. What new approaches could be helpful?

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5. Before we close, of all the things we discussed today, what to you is the most important? Do you have any other reflections you might want to share?

*Thank you again for your willingness to help us better understand the evolution and accomplishments of BPHC and the Health Center Program. Please do not hesitate to contact me if you have further questions or thoughts.*