

2020-2023 Site Visit Guide for Primary Care Associations

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Primary Care Association Site Visit Guide

The Primary Care Association (PCA) Site Visit Guide defines the purpose, requirements, and processes the Health Services and Resources Administration (HRSA), Bureau of Primary Health Care (BPHC), undertakes to conduct face-to-face or virtual monitoring site visits to PCAs. Under the direction of BPHC, one or two consultants conduct a site visit to a PCA once during the project period (July 1, 2020 – July 31, 2023). The consultants and the PCA Project Officers (PO) complete a site visit report that documents the PCA's achievement of program requirements described in the PCA Cooperative Agreement Notice of Funding Opportunity (NOFO) [HRSA-20-021](#). The report also informs ongoing PO program monitoring to ensure the PCA is meeting program goals and objectives. After BPHC review and approval, BPHC shares the final approved report with the PCA.

Monitoring Site Visit Purpose and Focus Areas

PCAs funded in fiscal year (FY) 2020 are required to support health centers to improve the health of individuals and communities by providing training and technical assistance (T/TA) to meet five goals.

- Increase access to comprehensive primary care.
- Accelerate value-based care delivery.
- Foster a workforce to address current and emerging needs.
- Enhance emergency preparedness and response.
- Advance health center clinical quality and performance.

Site visits¹ support BPHC oversight of the PCA program and are intended to:

- Provide an objective assessment of PCA progress on program goals and objectives, and accomplishment of the PCA program requirements outlined in the NOFO.
- Share accomplishments, challenges, and lessons learned.

¹ As part of its ongoing program oversight responsibilities, U.S. Department of Health and Human Services (HHS) regulations (45 CFR Part 74.51, see: <http://go.usa.gov/B3hd>) permit HRSA to “make site visits, as needed.” In addition, 45 CFR part 74.53 states that “HHS awarding agencies, the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents.” Therefore, if appropriate as part of the site visit, HRSA staff and/or consultants conducting site visits as HRSA's authorized representatives, may review a PCA's relevant documents in order to assess and verify PCA requirements. It is permissible to have HRSA staff or consultants sign confidentiality statements or related documents. However, to avoid delays in the process, requests should be made prior to the start of the site visit.

- Identify promising practices that support T/TA needs of health centers.
- Strengthen the relationship between BPHC and PCAs.

PCA awardees for FY 2020 received supplemental funding for three key initiatives and focus areas that the site visits will verify:

- COVID–19 prevention, preparedness, and/or response.
- Health Professions Education and Training (HP-ET).Workforce.
- Ending the HIV Epidemic (EHE).²

Expected Outcomes

BCHS expects the site visits to result in the following:

- Review and assessment of the activities, accomplishments, and promising practices that support the T/TA needs of health centers to provide comprehensive, high–quality primary health care and improve the health of individuals and communities by achieving the goals of the NOFO.
- Enhanced knowledge about the health care landscape.
- Greater knowledge of key challenges and barriers (including those related to the COVID–19 pandemic).
- Identification of next steps to ensure attainment of program goals and objectives.
- Increased awareness of PCA governance.

² Seven PCAs located in states that have a substantial rural HIV burden received EHE supplemental funding.

Overview of the Site Visit Process

Site visit components

Pre-Site Visit

- Pre-Site Visit Planning Calls (PO)
 - Introduce the consultant to the site visit process and logistics, and provide an overview of the PCA receiving the site visit.
 - Debrief on pre-site visit review findings.
- Kick-Off Call (PO)
 - Introduce the site visit processes and the roles and responsibilities of the PO, consultant, and PCA.
 - Review the site visit agenda.
- Pre-Site Visit Review (Consultant)
 - Review key site visit documents (e.g., approved project work plan, activities and performance measures).
 - Interview health centers randomly pre-selected by the PO.

On-site or Virtual Site Visit (Consultant)

- Meet with key PCA staff and board members to discuss the mission and strategic direction of the PCA and its progress on each program objective.
- Discuss successes, challenges, and lessons learned, and identify areas of need that will support health centers' advancement.
- Identify innovative and promising practices that resulted in improved quality of care and patient outcomes.
- Present site visit findings during an exit conference.

Report and Follow-up (Consultant and PO)

- Summarize site visit findings in a site visit report (consultant).
- Use the site visit report for future PCA monitoring (PO).

Frequency

- Each PCA will receive one 2-day site visit during the 3-year project period.
- When possible, the PO, other BPHC staff, or both will attend the site visit. In all cases, the PO will work and communicate with the consultant and serve as the PCA's ongoing primary point-of-contact for all questions and areas related to the Cooperative Agreement and the Health Center Program. PCA POs are expected to participate in the entrance and exit conferences in-person or virtually, and may participate in other site visit activities as their schedules permit.

Site Visit Team

- HRSA consultant conducts the site visit.
- PCA PO facilitates communications between the PCA and consultant.
- PCA leadership and key PCA staff.
- PCA Board. The board chairperson, board members, or both will be invited to the site visit; their attendance is optional.

Pre-Site Visit Activities

Pre-Site Visit Preparation—Project Officer

Communicate with the PCA

Communicate with the PCA by phone or email before the site visit to discuss site visit preparation, including the following:

- Logistics
 - Site visit dates and times. Choose two dates—a preferred and an alternate.
 - Availability of GoToMeeting, Zoom, or other video conference platforms to facilitate site visit activities such as convening discussions, presenting demonstrations, or conducting tours.³
- General preparation
 - Send the PCA Site Visit Guide to the PCA and ensure the PCA understands the site visit purpose, expectations, and processes.
 - Confirm site visit purpose, expectations, and processes during the Kick-Off Call with the PO, PCA, and consultant.
- PCA Board and staff availability
 - Confirm availability of the PCA Board and key PCA staff during the site visit.

Communicate with site visit team

Arrange pre-site visit planning meetings with the PCA and consultant.

- Send the PCA Site Visit Guide and pre-site visit review documents to the consultant ([Table 1](#) lists the required pre-site visit review documents).
- Schedule pre-site visit planning calls with the consultant.
 - Provide an overview of the site visit purpose and process, discuss logistics, and approve the final site visit agenda.
 - Confirm the consultant has all documents needed for the visit.
 - Share any specific concerns or issues.

Conduct Site Visit Kick-Off Calls

Coordinate a Site Visit Kick-Off Call with the consultant and with the PCA six weeks before the site visit.

- Convene an initial introductory kick-off call with the consultant. Refer to the sample kick-off call agenda in [Appendix A](#).

³ The need for video conference technologies may differ for in-person and virtual site visits.

- Convene a kick-off call with consultant and PCA.
 - Consultant prepares the kick-off call agenda; refer to the sample agenda in [Appendix B](#).
 - PO and consultant provide an overview of site visit purpose and process.
 - All participants review the site visit agenda.
 - Consultant requests additional documents from the PCA needed to complete the pre-site visit review.
- Schedule each kick-off call for approximately one hour.
- Schedule a new kick-off call if the consultant changes during the site visit process.

Table 1. Pre-Site Visit Review Documents

| BPHC Documents | PCA Documents |
|---|--|
| <ul style="list-style-type: none"> • Most recent competing cooperative agreement application • All progress reports from the current project period, including the most recent progress report • Budget details form (SF-424) • The most recent budget narrative • UDS State performance profiles (see note below) <ul style="list-style-type: none"> ○ Past and present clinical performance measures ○ Past and present financial performance measures <p>NOTE: Consultants should download documents needed to create state profiles from the following links:</p> <p>https://data.hrsa.gov/tools/data-reporting</p> <p>https://data.hrsa.gov/tools/data-reporting/program-data</p> <p>https://data.hrsa.gov/tools/data-reporting/special-populations</p> <p>https://data.hrsa.gov/tools/data-reporting/data-comparisons</p> | <ul style="list-style-type: none"> • PCA website (send link and information to log in to the members' only portions of the site). • Most recent organizational chart, position descriptions and bios for any key staff that have changed since the PCA's last application submission (either competing or non-competing). • Clinical and financial performance data (e.g., information that is more current than provided by the PO on UDS state performance measures). • Documents to identify state needs • PCA strategic plan (if available) • Memorandum of Agreement (Regional PCA) • Formal Agreements with health centers for emergency preparedness and communications • Examples of two T/TA activities for each of the following Focus Areas (total of 14 [or 16 if received EHE supplemental funds] sample TA activities): <ul style="list-style-type: none"> ○ Goal A: Increasing access to comprehensive care (two T/TA activities) ○ Goal B: Accelerating value-based care delivery (two T/TA activities) |

| BPHC Documents | PCA Documents |
|----------------|--|
| | <ul style="list-style-type: none"> ○ Goal C: Fostering a workforce to address current and emerging needs (two T/TA activities) ○ Goal D: Enhancing emergency preparedness and response (two T/TA activities) ○ Goal E: Advancing clinical quality and performance (two T/TA activities) ○ Goal F: Supplemental Funding <ul style="list-style-type: none"> ▪ COVID-19 (two T/TA activities) ▪ HP-ET (two T/TA activities) ▪ EHE (two T/TA activities) <p>Examples of T/TA include trainings, workgroups, meetings, and conferences. Materials PCAs should submit for each T/TA activity could include:</p> <ul style="list-style-type: none"> ○ Evaluations, attendance, and agendas ○ All materials shared with participants ○ Planning materials used by the PCA <ul style="list-style-type: none"> ● Statement of work and budget for contracts paid with BPHC funding. ● Examples of both formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners. |

Pre-Site Visit Preparation—PCA

- Coordinate site visit activities during the virtual or the onsite visit to align with the site visit agenda.
- Participate in the site visit kick-off call. All participants should be video accessible if the call is conducted virtually.
- Provide required pre-site visit review documents and additional documents if consultant requests.

Pre-Site Visit Preparation—Consultant

- Participate in all pre-site visit-planning meetings and the kick-off calls. Confirm receipt of all necessary documents ([Table 1](#)); follow up as required.
- Use pre-site interview process and questions ([Appendix C](#)) to conduct health center interviews.
- Develop the site visit agenda in consultation with the PO (see sample in [Appendix D](#)). Send draft site visit agenda to the PO and PCA before the kick-off call.

The site visit agenda should include the following:

- Entrance conference
- Meetings with PCA leadership and staff (and board members, if present)
- A virtual visit to PCA using GoToMeeting, Zoom, or other video conference platforms (for site visits that are conducted virtually)
- A PCA showcase that overviews the T/TA provided to the health centers. See also. [orientation showcase](#) and [Appendix F](#)
- Exit Conference
- Finalize the site visit agenda with input from the PO and PCA during the kick-off call and send to the PO for approval. After PO approval, send final agenda to the PCA at least one week before the site visit.
- Conduct the pre-site visit review before the first day of the site visit.
 - Coordinate with the PCA to provide the required review documents to the consultant four to six weeks before the site visit. [Table 1](#) lists the required documents.
 - Confirm receipt of all documents with the PO and conduct follow up as needed.
- Complete pre-site analysis to review PCA progress on work plan activities and confirm verification with program requirements.
 - Review *all* pre-site visit documents and conduct pre-site visit analysis before the first day of the site visit.
 - Use the questions in [Appendix E](#), and the pre-site visit evidence provided by the PCA, the PO, or both, to conduct an analysis and determine if each question is *Verified* or *Not Verified*.

- Justify the *Verified* or *Not Verified* determination for each question in the site visit report.
- Follow up during the site visit if unable to verify questions during the pre-site visit analysis.

Pre-Site Visit Health Center Interviews

Information from health center interviews should enhance PCA understanding of how health centers perceive its impact. Interview results will be anonymous and shared with the PCA but will not affect verification status.

Procedure

1. BPHC staff selects health centers for the consultant to interview using the criteria below:
 - Criteria for determining the number of health centers interviewed:
 - Contact all centers in states or regions with 10 or fewer.
 - Contact 10 centers in states or regions with 11 or more.
 - PO uses the above scale to select centers in bi-state or regional PCAs and determines the number of centers to be interviewed based on the total number of centers in the service area.
 - Ideally, the selected health centers should represent the following:
 - PCA members and non-members
 - PCA board members
 - Special population funding recipients
 - Urban and rural health centers
 - Look-Alikes and other types of BPHC designees
 - Small, medium, and large health centers
 - Newly funded health centers⁴ (as applicable)

The consultant does not conduct interviews with entities that do not have a Health Center Program or a Look-Alike designation

2. The consultant requests the PCA to submit two questions to include in the health center interview. See also Section C2, [Appendix C](#)
3. The PCA PO notifies the chief executive officer (CEO) of the selected health centers and the BPHC Health Services Office POs and Team Leads.
4. Consultant requests and schedules interviews with health centers:

⁴ Newly funded health centers receiving H80 funding for the first time during the current project period. Indicate if the PCA does not distinguish New Access Point (NAP) and NF TA.

- Consultant works with the health center CEO to identify and finalize appropriate staff for the interviews. For best results, interview multiple staff from each health center.
 - Consultant contacts selected staff and conducts the interviews.
 - Questions should be considered open-ended, and consultants may need to probe to encourage a rich dialogue.
 - Consultant asks questions of each interview participant and incorporate their answers into the ratings.
 - Consultant recommends that health center staff have the interview questions handy during the interview.
 - Consultant opens the dialogue by providing examples of a PCA's T/TA and confirm the staff understands T/TA.
 - Consultant asks for an explanation and rationale for the health center staff's ratings,
 - The consultant records the health center responses.
 - When interviewing multiple staff, the consultant records the average rating.
5. The consultant includes the interview results in the Site Visit Report Summary. All responses will be anonymous, and ratings averaged across all health centers interviewed.
 6. The consultant provides an overview of trends from interviews during the exit conference.
-

Activities Performed During Virtual or On-Site Visit

Procedure⁵

1. PCA PO and Consultant participate in the site visit in-person or virtually.
 - The consultant facilitates the Entrance Conference ([Appendix F](#)) and invites onsite and virtual staff as necessary.
 - The PO coordinates introductions, facilitates the flow of the site visit, and transitions between activities. If the PO is off-site and the consultant is onsite, the consultant may coordinate introductions and transitions between activities.
 - The consultant's role throughout the site visit includes asking the onsite visit analysis questions and recording responses for the site visit report. The consultant explains the On-site Visit Analysis process ([Appendix G](#)) and the Exit Conference process ([Appendix H](#)).
2. PCAs host an orientation showcase presentation ([Appendix F](#)). The presentation should:
 - Address aspects of tasks that will be verified during the site visit; use the On-Site Visit Analysis ([Appendix G](#)) as a guideline.
 - Discuss successes and highlights of BPHC funded activities or other relevant work.
 - Be a starting point for consultant–PCA dialogue and follow up during staff breakouts.
3. Conduct the On-Site Analysis ([Appendix G](#)) described below:
 - The consultant bases the onsite analysis on conversations with PCA staff and the documents review.
 - The consultant probes for additional information as needed to obtain clarity.
 - The consultant reviews the [Program Verification Review and Performance Improvement](#) and [Promising Practices Review](#) sections for further guidance on evaluating the PCA.
 - The consultant does not write the Site Visit Report ([Appendix I](#)) onsite. Instead, while on site, the consultant focuses on recording responses (taking notes) for each verification question.
4. The consultant refers to the Pre-Site Analysis ([Appendix E](#)) and asks any questions identified for onsite follow up. The consultant records answers in the Site Visit Report ([Appendix I](#)).
5. The consultant facilitates a pre Exit Conference with the PCA executive director before the Exit Conference with PCA staff as requested.
6. The consultant facilitates the Exit Conference and communicates the site visit results (refer to the outline in [Appendix H](#)).

⁵ In this section, the procedures for on-site and virtual visits are the same.

Onsite Analysis Review

During the Onsite Analysis process ([Appendix G](#)), the consultant records and substantiates verification findings for each goal. The consultant documents the final verification status in the text box found in the Verification Status column of the site visit report ([Appendix I](#)).

Designate findings as *Verified* or *Not Verified*. If any part of the information reviewed does not fulfill the analysis criteria, the determination is *Not Verified*. The site visit analysis does not use a partially verified designation.

Use specific examples from the pre-site and onsite segments to substantiate consultant findings in the response text box sections of the site visit report. Please make sure the explanation is understandable to readers who may not have been present during the site visit. Consultant justifications should objectively, rather than subjectively, analyze PCA activities.

Performance Improvement

The consultant will identify Performance Improvement Areas (PIAs) as needed. PIAs are areas that are verified and meet BPHC PCA funding requirements but have room for improvement. Identified PIAs should be included in the site visit report under the goal and corresponding question area. The PO will follow up on identified areas of improvement during the PCA monitoring calls.

Promising Practices

The consultant will identify promising practices throughout the site visit. Once identified, the consultant provides details of the promising practice in the site visit report ([Appendix I](#)). [Appendix J](#) provides guidelines for identifying promising practices. The consultant may also refer to the MSCG/BPHC training for consultants on [promising practices](#).

Exit Conference

- PO and Consultant Debrief (if applicable).
 - During this time, the PO and Consultant discuss the site visit's overall success or identify areas of concern.
 - In the case of major issues such as the lack of implementation of the approved project or budget concerns, the site visit consultant may request an additional post site visit debrief with the PO to clarify expectations.
- The consultant facilitates a Pre-Exit Conference with the PCA CEO or Project Director (PD) before the Exit Conference if requested by the CEO, PD, or consultant.
- The consultant facilitates the Exit Conference to present site visit findings to PCA leadership and staff, PCA board representatives, and PO.
- Using the General Site Visit Verification Result Form ([Appendix H](#)), the consultant summarizes general findings from all aspects reviewed while onsite and any follow up actions discussed.
- The site visit report ([Appendix I](#)) will detail the findings and recommendations identified during the site visit. The PO will serve as the point-of-contact for follow up questions or actions.

Post-Site Visit Activities

Site Visit Report

At the site visit's conclusion, the consultant prepares a site visit report ([Appendix I](#)). The site visit report serves as the formal documentation of the site visit findings. The PO conducts ongoing follow up of site visit findings throughout the remainder of the project period. BPHC expects the site visit reports will provide an accurate, objective depiction of the PCA's project status. The PO transmits the final report to the PCA through the Electronic Handbook after BPHC review and approval. The report review process is completed within **45 calendar days** after the site visit concludes.

- The consultant must use the site visit report template provided by the PO ([Appendix I](#)).
- The consultant must submit the site visit report to the TA Contractor within **10 calendar days** of site visit completion.
- The TA contractor completes an initial quality review of the report for completeness, clarity, accuracy, format, grammar, and punctuation.
 - All information in the site visit report must be detailed and fact-based.
 - The report should not include opinions, terms that could be considered inflammatory or derogatory, or blanket statements.
 - Upon completion of the quality review, the TA Contractor submits the site visit report to BPHC.
 - The site visit report must be submitted to BPHC within **20 calendar days** following the site visit's completion
- The site visit report must address PCA project status on **all** PCA program goals and objectives. Findings from the pre-site and onsite segments should substantiate PCA progress towards meeting program goals and objectives and compliance with all Goals and Objectives specified in Appendix B of the [NOFO](#).
- The consultant documents areas of concern that do not align with the PCA work plan or the NOFO expectations in the site visit report.
- The consultant does not incorporate sensitive information into the site visit report that should be conveyed to BPHC for a complete understanding and assessment of the PCA. Instead, the consultant informs the PO in a post-site visit conference call. Examples of sensitive information include safety concerns, inappropriate behaviors, or failure to be prepared to participate in the site visit.

Site Visit Report Review and Approval

The consultant and BPHC complete a full review of all reports (draft and final) within **45 calendar days** of completion of the site visit.

- Within **25 calendar days** of receiving the draft site visit report from the consultant, BPHC completes an internal review, communicating needed changes or edits to the consultant and TA Contractor.
 - The PO reviews and edits the report using track changes.
 - If changes are not needed, the PO sends the report to Program Quality Control (PQC) for final review and approval.

- If changes are needed:
 - The PO returns the report to the consultant within **25 calendar days**. If necessary, PO may initiate direct discussions with the consultant regarding report revisions.
 - Once received from BPHC, the consultant revises the report within **five business days** and returns it to the PO for review as a final report.
 - PO must review and approve the final report within **five business days**.
 - If the report is acceptable and additional changes are not needed, the PO marks the report as *approved* and moves it forward to PQC for final approval.
 - If the report is not acceptable and needs additional changes, the PO makes necessary changes or comments in track changes and sends it back to the consultant. If further changes are required, this step will repeat, which may extend the timeline for final report approval.
- PQC reviews the site visit report for quality assurance.
- With PQC approval, the PO sends the final BPHC-approved site visit report to the PCA.

Site Visit Findings: Not Verified

- PCA PO follows up with the PCA on the site visit findings.
 - The PO convenes a meeting after sending the report to discuss it with the PCA.
 - The PCA PO sends the PCA a Corrective Action Plan (CAP) or a Performance Improvement Plan for any areas found to be *Not Verified* or for performance improvement.
- The PCA will:
 - Work on activities to achieve a *Verified* status in any areas found not verified and complete the CAP.
 - Discuss the receipt of TA (known as TA Days) with the PO on performance improvement areas identified in the report.

APPENDICES

Appendix A: Suggested Pre-Site or Virtual Site Visit Kick-Off Call Agenda—PO and Consultant Only Meeting

| | |
|------------|---|
| 15 minutes | Introductions <ul style="list-style-type: none">• Participants and roles• Site visit purpose• Overview of the site visit process |
| 30 minutes | Pre-Site Visit Activities <ul style="list-style-type: none">• Discuss Pre-Site Visit Questionnaire• Discuss the Health Center Interview Process<ul style="list-style-type: none">○ Discuss the Health Center Interview Questions○ Determine the date the Project Officer will identify all health centers to be interviewed• Confirm the documents to be provided by the PCA and the PO and the due dates |
| 15 minutes | Logistics <ul style="list-style-type: none">• Confirm if the site visit will be conducted onsite or virtually• Confirm site visit dates and times• Review agenda for the grantee Kick-Off Call• Discuss travel coordination if the site visit will be conducted in person |

Appendix B: Suggested Pre-Site or Virtual Site Visit Kick-Off Call Agenda—PO, Consultant, and Grantee Meeting

| | |
|------------|---|
| 20 minutes | Introductions <ul style="list-style-type: none">• Participants and roles• Site visit purpose• Overview of site visit process components<ul style="list-style-type: none">○ Discuss the Health Center interview process with the PCA. Provide a deadline for the PCA to provide two additional interview questions.○ Confirm the documents to be provided by the PCA and the PO and the due dates |
| 20 minutes | Logistics <ul style="list-style-type: none">In-Person Visit<ul style="list-style-type: none">○ Site visit and meeting dates, spaces, and times○ Confirm onsite and remote participants○ Confirm if a health center will be visited and when○ Review the onsite agenda draft and deadline for PCA feedbackVirtual Visit<ul style="list-style-type: none">○ Determine the software that will be used for the virtual visit and the meeting times○ Confirm the PCA and board participants○ Review the onsite agenda draft and deadline for PCA feedback |
| 20 minutes | Staff Availability <ul style="list-style-type: none">• Confirm the key PCA management staff who will be available• Review the list of staff who will be interviewed during the visit<ul style="list-style-type: none">○ Before the site visit, the consultant confirms the PCA staff who will be present for each portion of the site visit.○ Once the agenda final, the consultant and PCA coordinates with staff to ensure their availability. |

Appendix C: Health Center Interview Process

Section C1: Health Center Interview Key

The consultant should type Yes in each column for each role interviewed.

| <i>Names of health centers should remain anonymous.</i> | CEO ⁶ | CFO | COO | CMO | Other Job Title (Please list specific title) | Board Member Y/N (Indicate Y if any person interviewed is a member) | PCA Member Y/N |
|---|------------------|-----|-----|-----|--|---|-------------------|
| Health Center 1 | | | | | | | |
| Health Center 2 | | | | | | | |
| Health Center 3 | | | | | | | |
| Health Center 4 | | | | | | | |
| Health Center 5 | | | | | | | |
| Health Center 6 | | | | | | | |
| Health Center 7 | | | | | | | |
| Health Center 8 | | | | | | | |
| Health Center 9 | | | | | | | |
| Health Center 10 | | | | | | | |

⁶ CEO: Chief Executive Officer

CFO: Chief Financial Officer

COO: Chief Operations Officer

CMO: Chief Medical Officer

Section C2: Health Center Interview Questions

Health Center Interview Questions on PCA T/TA

| Question | Consultant Instructions | Summary Respondent Comments | Rating |
|--|--|-----------------------------|--|
| <p>1. What is your job title in your health center? Are you a board member? Is your health center a member of the PCA?</p> | <p><i>Identify staff roles and familiarity with PCA offerings</i></p> | | <p>N/A</p> |
| <p>2. How often do you participate in PCA-sponsored activities?</p> <p>Scale 1= not at all 2= every few years 3= 1-3 times per year 4= quarterly or more often</p> | <p><i>Provide examples of activities the PCA has sponsored based on your Pre-Site review (e.g., conferences, peer meetings, trainings).</i></p> <p><i>If interviewees do not participate in PCA-sponsored activities, please ask why and record their reasons.</i></p> | | <p>Average Rating=</p> <p>1 = __ HCs* 2 = __ HCs 3 = __ HCs</p> |
| <p>3. On a 1 - 3 scale, how accessible are PCA T/TA or program assistance activities (e.g. publications, trainings)?</p> <p>Scale 1= inaccessible 2= somewhat accessible 3= very accessible</p> | <p><i>The consultant will ask for an explanation and rationale for health centers' ratings</i></p> <p><i>Accessibility considers cost, location, and publicizing of the activities.</i></p> <p><i>If staff has not participated in any PCA T/TA, please ask why, and if it is accessibility related.</i></p> | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |

| Question | Consultant Instructions | Summary Respondent Comments | Rating |
|--|---|-----------------------------|---|
| <p>4. On a 1 – 3 scale, how do you feel the PCA has supported your health center in hiring or contracting with new providers to address increased demands due to COVID-19 (e.g., through activities such as establishing COVID-19 job boards and providing TA on provider recruitment)?</p> <p>Scale 1= unsupportive 2= somewhat supportive 3= significantly supportive</p> | <p><i>Questions 4 – 9 should be considered open-ended, and consultants may need to probe to encourage a rich dialogue. PCAs received COVID-19 supplemental funding for the first year of the project period and workforce supplemental funding for all three years.</i></p> | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| <p>5. On a 1 – 3 scale, how supportive is the PCA in assisting your health center's operations? Examples of assistance might include building coalitions and strengthening partnerships among health centers and local and state public health departments, and clinical and community-based organizations to share information related to COVID-19 response in the state or region).</p> <p>Scale 1= unsupportive 2= somewhat supportive 3= significantly supportive</p> | | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| <p>6. On a 1 – 3 scale, how supportive is the PCA in assisting your health center with COVID-19 education (e.g., promoting educational</p> | | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |

| Question | Consultant Instructions | Summary Respondent Comments | Rating |
|--|-------------------------|-----------------------------|---|
| <p>materials on precautions to prevent, contain, or mitigate COVID-19, providing information on vaccination, suggesting strategies to address vaccine confidence)?</p> <p>Scale 1= unresponsive 2= somewhat supportive 3= significantly supportive</p> | | | |
| <p>7. On a 1 – 3 scale, how supportive is the PCA in assisting your health center with emergency preparedness? The assistance may include, for example, providing T/TA on ensuring proper emergency management functions are in place, or sharing resources to support health centers to update policies (such as giving hazard pay) or to develop procedures and emergency management plans.</p> <p>Scale 1= unresponsive 2= somewhat supportive 3= significantly supportive</p> | | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| <p>8. On a 1 – 3 scale, has the T/TA provided by the PCA been helpful in your health center's use of the Readiness to Train Assessment Tool (RTAT)?</p> <p>Scale 1= unresponsive</p> | | | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |

| Question | Consultant Instructions | Summary Respondent Comments | Rating |
|--|-------------------------|-----------------------------|--|
| 2= somewhat supportive 3= significantly supportive | | | |
| 9. On a 1 – 3 scale, how supportive is the PCA in supporting your health center's development of strategic workforce plans to advance the Health Professions Education & training (HP-ET) initiative? Scale 1= unsupportive 2= somewhat supportive 3= significantly supportive | | | Average Rating= 1 = __ HCs 2 = __ HCs 3 = __ HCs |
| 10. Question submitted by the PCA Summary Respondent Comments: | | | |
| 11. Question submitted by the PCA Summary Respondent Comments: | | | |

Appendix D: On-Site or Virtual Visit Agenda Template

Primary Care Association

Date of the Site Visit (e.g., September 2 – 3, 2021)

Timeframe of the Visit (e.g., 9:00 a.m. – 4:30 p.m.)

In-Person Site or Virtual Visit

PCA Attendees: List the names and roles of all confirmed PCA staff participants.

HRSA and Consultant Attendees: List the name and contact information for the PO, other HRSA and BPHC staff, as applicable, and consultants.

DAY ONE

| Time | Site Visit Activity |
|-------------------------|--|
| 9:00 a.m. – 9:30 a.m. | <ul style="list-style-type: none"> • Introductions (Lead: PO) <ul style="list-style-type: none"> ○ In-Person Visit: The consultant will create an attendance sheet all day one participants sign. ○ Virtual Visit: By the end of the day, the PCA will provide the consultant a list of all day one conference call attendees. • BPHC Update and Overview (as needed) (Lead: PO) • Purpose of the site visit roles and responsibilities (Lead: Consultant, PO as needed) <p>List expected staff (all staff may attend).</p> |
| 9:30 a.m. – 11:30 a.m. | <ul style="list-style-type: none"> • PCA Showcase Presentation (Facilitation: Consultant) <ul style="list-style-type: none"> ○ PCA Overview ○ State Landscape ○ BPHC Funded Activity Successes and Innovations <p>List expected staff (all staff may attend).</p> |
| 11:30 a.m. – 12:30 p.m. | <p>Goal Verification Section (Lead: Consultant)</p> <ul style="list-style-type: none"> • Discuss one goal in this section <p>List expected staff (all staff may attend).</p> |
| 12:30 p.m. – 1:30 p.m. | Lunch |
| 1:30 p.m. – 4:30 p.m. | <p>Goal Verification Section (Lead: Consultant)</p> <ul style="list-style-type: none"> • Discuss two goals in this section <p>List expected staff (all staff may attend).</p> |

DAY TWO

| Time | Site Visit Activity |
|-------------------------|--|
| 9:00 a.m. – 9:10 a.m. | <p>Welcome</p> <ul style="list-style-type: none"> • In-Person Visit: The consultant will create an attendance sheet all day one participants sign. • Virtual Visit: By the end of the day, the PCA will provide the consultant a list of all day one conference call attendees. |
| 9:10 a.m. – 11:30 a.m. | <p>Goal Verification Section (Lead: Consultant)</p> <ul style="list-style-type: none"> • Discuss two Goals in this section <p>List expected staff (all staff may attend).</p> |
| 11:30 a.m. – 12:30 p.m. | Lunch |
| 12:30 p.m. – 3:00 p.m. | <p>Goal Verification Section (Lead: Consultant)</p> <ul style="list-style-type: none"> • Discuss supplemental award activities • Revisit areas that were not clear <p>List expected staff (all staff may attend).</p> |
| 3:00 p.m. – 3:30 p.m. | <p>Debrief Period</p> <ul style="list-style-type: none"> • Debrief CEO before the exit conference (Lead: Consultant) • PO and consultant debrief (optional) <p>List expected staff (private meeting).</p> |
| 3:30 p.m. – 4:30 p.m. | <p>Exit conference (Lead: Consultant)</p> <ul style="list-style-type: none"> • Discuss results of the visit • Discuss post-site visit process <p>List expected staff (all staff may attend).</p> |

Appendix E: Pre-Site or Virtual Visit Analysis

The following section includes a list of questions that the PCA should address during the pre-site visit process. The consultant will use the questions below as a guide to complete the response sections in the final site visit report. During the site visit, the consultant will follow up on sections that were not verified during the pre-site visit analysis.

General Verification Requirements

T/TA Requirement: The following are excerpts of requirements found in the NOFO for State and Regional Primary Care Associations HRSA-20-021.

Questions

1. Review the publication plan (if applicable). Does the plan clearly identify the publications the PCA created or disseminated?
2. Review the PCA budget details and narrative. Is the budget reasonable for the planned activities and staffing plan for the budget period?
3. If applicable, review T/TA contracts or agreements obtained with BPHC funding.
 - Does the purpose and scope of contracts or agreements support the accomplishment of the NOFO program requirements?
 - Does the timeframe for the contract or agreement match the BPHC funding project period?
4. If applicable, review position descriptions and biographical sketches for key management positions that have changed since the most recent PCA application.
 - Do position descriptions support the accomplishment of PCA NOFO requirements?
 - Do hired staff (i.e., staff on the payroll or full-time equivalents) have the qualifications for each position?

Goal A: Increase Access to Comprehensive Primary Care

Program Requirement: PCAs conduct activities with a purpose to increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding, *Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance, or Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary, medical, oral, mental, substance use disorder, vision, enabling services).* As an innovative optional activity, PCA may also create an objective that defines a state or regional barrier to increasing access and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.

Questions

1. For this question section, the consultant selects one activity from those the PCA has identified in Goal A from the PCA's most recent progress report and responds to the following questions:

- Are the Objective Targets realistic and achievable based on the baseline data and impact narrative?
 - Do the proposed work plan activities correspond with the key factors (e.g., are restricting factors addressed or contributing factors leveraged)?
 - Are special and vulnerable populations addressed?
 - Do the activities address the needs described in the latest application narrative?
2. For this question section, the consultant selects one T/TA activity related to Goal A from the PCA's most recent progress report and responds to the following questions:
- Do training objectives, goals, or subject matter address identified T/TA needs?
 - Is there participant evaluation data from these trainings? If so, review.
 - Do activities support the attainment of Goal A targets?
 - Do activities involve the dissemination of evidence-based and promising practices?
 - Are the unique needs of special and vulnerable populations addressed as appropriate?

Goal B: Accelerate Value-Based Care Delivery

Program Requirement: Increase the percentage of health centers that are at a high level of readiness for, or already engaged in value-based care delivery. As an innovative optional activity, PCA may also create an objective that defines a state or regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluating its effectiveness and scalability.

Questions

1. For this question section, the consultant selects one activity from those the PCA has identified in Goal B from the PCA's most recent progress report and responds to the following questions:
- Are the Objective Targets realistic and achievable based on the baseline data and impact narrative?
 - Do the proposed work plan activities correspond with the key factors (e.g., are restricting factors addressed or contributing factors leveraged?)
 - Are special and vulnerable populations addressed?
 - Do the activities address the needs described in the latest application narrative?
2. For this question section, the consultant selects one T/TA activity related to Goal B from the PCA's most recent progress report and responds to the following questions:
- Do training objectives, goals, and subject matter address identified T/TA needs?
 - Is there participant evaluation data from these trainings? If so, review.

- Do activities support the attainment of Goal B Targets?
- Do activities involve the dissemination of evidence-based and promising practices?
- Are the unique needs of special and vulnerable populations addressed as appropriate?

Goal C: Foster a Workforce to Address Current and Emerging Needs

Program Requirement: PCAs must increase the percentage of health centers with comprehensive workforce plans and increase the percentage of health center executive staff and board members who receive state/region-specific T/TA to advance health center operations. As an optional activity, PCAs may increase the percentage of health centers receiving support about innovative ways to maximize workforce through multidisciplinary care teams.

Questions

1. For this question section, the consultant selects one activity from those the PCA has identified in Goal C from the PCA's most recent progress report and responds to the following questions:

- Are the Objective Targets realistic and achievable based on the baseline data and impact narrative?
- Do the proposed work plan activities correspond with the key factors (e.g., are restricting factors addressed or contributing factors leveraged)?
- Are special and vulnerable populations addressed?
- Do the activities address the needs described in the latest application narrative?

2. For this Question section, the consultant selects one T/TA activity related to Goal C from the PCA's most recent progress report and responds to the following questions:

- Do training objectives, goals, or subject matter address identified T/TA needs?
- Is there participant evaluation data from these trainings? If so, review.
- Do activities support the attainment of Goal C Targets?
- Do activities involve the dissemination of evidence-based and promising practices?
- Are the unique needs of special and vulnerable populations addressed as appropriate?

Goal D: Enhance Emergency Preparedness and Response

Program Requirement: PCAs must propose activities to increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and public health emergencies. In addition, PCAs must propose activities to increase the percentage of health centers that

receive state/region-specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and public health.

Questions

1. For this question section, the consultant selects one activity from those the PCA has identified in Goal D from the PCA's most recent progress report and responds to the following questions:
 - Are the Objective Targets realistic and achievable based on the baseline data and impact narrative?
 - Do the proposed work plan activities correspond with the key factors (e.g., are restricting factors addressed or contributing factors leveraged?)
 - Are special and vulnerable populations addressed?
 - Do the activities address the needs described in the latest application narrative?
2. For this question section, the consultant selects one T/TA activity related to Goal D from the PCA's most recent progress report and responds to the following questions:
 - Do training objectives, goals, or subject matter address identified T/TA needs?
 - Is there participant evaluation data from these trainings? If so, review.
 - Do activities support the attainment of Goal D Targets?
 - Do activities involve the dissemination of evidence-based and promising practices?
 - Are the unique needs of special and vulnerable populations addressed as appropriate?

Goal E: Advance Health Center Clinical Quality and Performance

Program Requirement: Improve health outcomes in the state or region on diabetes control and other UDS clinical measures based on identified needs. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, social risk factors, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

Questions

1. For this question section, the consultant selects one activity from those the PCA has identified in Goal E from the PCA's most recent progress report and responds to the following questions:
 - Are the Objective Targets realistic and achievable based on the baseline data and impact narrative?
 - Do the proposed work plan activities correspond with the key factors (e.g. are restricting factors addressed or contributing factors leveraged?)
 - Are special and vulnerable populations addressed?

- Do the activities address the needs described in the latest application narrative?
2. For this question section, the consultant selects one T/TA activity related to Goal E from the PCA's most recent progress report and responds to the following questions:
- Do training objectives, goals, or subject matter address identified T/TA needs?
 - Is there participant evaluation data from these trainings? If so, review.
 - Do activities support the attainment of Goal E Targets?
 - Do activities involve the dissemination of evidence-based and promising practices?
 - Are the unique needs of special and vulnerable populations addressed as appropriate?

Goal F: Supplemental Funding

Workforce Enhancement

Program Requirement: PCAs must identify PCA workforce T/TA activities that will strengthen and support achievement of Health Professions Education & Training (HP-ET) goals. PCAs should show how they have enhanced health centers' capabilities to recruit, develop, and retain their workforce by exposing health and allied health professions students, trainees, and residents to education and training programs at health centers by the end of their project period. Activities must demonstrate a plan to identify a full-time workforce development staff member, administer and provide T/TA on the Readiness to Train Assessment Tool (RTAT), assist health centers in identifying potential barriers that may prevent them from advancing HP-ET, provide analysis of key factors to both identify and provide T/TA to address identified challenges.

Questions

1. How is the PCA providing support to health centers' development of strategic workforce plans to advance the Health Professions Education & Training (HP-ET) initiative?
2. How is the PCA demonstrating the creation of strategic partnerships between community colleges, four-year colleges, and universities to recruit and retain students from rural and underserved communities who have a strong desire to pursue a career working in a health center, including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), and Alaska Native and Native Hawaiian Serving Institutions in the state and region?

COVID-19

Program Requirement: PCAs must identify where they are providing training and technical assistance (T/TA) to support health centers in their state or region on coronavirus disease 2019 (COVID-19) prevention, preparedness, and or response, including strengthening health center operations and capacity to ensure access to comprehensive primary care services.

1. Is the PCA assisting health centers in operations (e.g., building coalitions and strengthening partnerships among health centers and local and state public health departments, and clinical and

community-based organizations to share information related to the COVID-19 response in the state or region)?

2. Is the PCA assisting health center with COVID-19 education (e.g., promoting educational materials on precautions to prevent, contain, or mitigate COVID-19; information on vaccination and strategies to address vaccine confidence)?

Ending the HIV Epidemic (EHE)

Program Requirement: In the seven funded states (AL, AR, KY, MS, MO, OK, SC), the PCAs must identify how they are providing training and technical assistance (T/TA) to support the health centers in their state or region on enhanced statewide HIV prevention efforts to expand HIV prevention services that decrease HIV transmission risk in geographic locations identified by *Ending the HIV Epidemic: A Plan for America*, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP). Health centers should identify the factors contributing to new HIV infections, and propose activities that the PCA will facilitate that will improve health centers' ability to establish or expand HIV prevention programming within the primary care setting. PCA T/TA activities should support the following: Needs Assessment, Data Collection and Use; Increase Health Center Capacity; Reduce Social Stigma; New and Strengthened Partnerships; and Promising Practices/Evidence-Based Strategies.

Questions

1. What T/TA has the PCA provided to the health centers to improve the health centers' ability to establish or expand HIV prevention programming in the primary care setting?
2. Did the PCA T/TA activities support the following: Needs Assessment, Data Collection and Use; Increase Health Center Capacity; Reduce Social Stigma; New and Strengthened Partnerships; and Promising Practices/Evidence-Based Strategies?

Appendix F: Entrance Conference

The Entrance Conference is an opportunity to meet the PCA's key management staff; reiterate the purpose of the visit; review the schedule; and allow the PCA to provide a general overview, including any major accomplishments or successes. The Entrance Conference must involve the consultant, PO, and the PCA's senior management staff. The PCA should also invite the Board Chair, who can participate remotely or in-person. The Entrance Conference may convene for 1–3 hours, depending on the length of the showcase.

| Time | Site Visit Activity |
|------------------------------|---|
| <p>30 minutes</p> | <p>Introductions</p> <p>The PO and Consultant Team Leader:</p> <ul style="list-style-type: none"> • Review the purpose, scope, and intended outcome of the visit • Review the visit agenda and make any necessary changes • Describe how site visit outcomes and recommendations will be shared • Review consultant, PO, and PCA follow up roles and responsibilities • Provide BPHC update and overview (Project Officer)) |
| <p>60–120 minutes</p> | <p>PCA Showcase</p> <p>Presentation topics are the PCA's discretion but should include an overview of the PCA, the State landscape, and all remaining subjects based on the Onsite Analysis questions. Showcase times may vary based on the number of states covered and questions answered.</p> |

Appendix G: On-Site or Virtual Visit Analysis

General Verification Questions

T/TA Requirement: The statewide or regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers and other interested organizations, where appropriate.

The following section includes questions that the PCA should address during the site visit. The consultant will use the questions as a guide to complete the response sections in the site visit final report. Failure to address any of these questions may result designating a section as *Not Verified*.

Questions

1. Is the PCA tracking the completion of work plan activities?
Suggestion: Request PCA to demonstrate or show tools used to track and evaluate work plan activities.
2. When monitoring the health care environment, how does the PCA aggregate the data from different sources (e.g., health centers, collaborative partners, and other stakeholders)?
 - How does the PCA prioritize T/TA needs?
 - How does the PCA use the prioritized T/TA needs to determine statewide or regional PCA T/TA? Provide examples of T/TA activities and how they reflect this prioritization.
 - Request the PCA to describe or demonstrate data collection methods or tools used to track and evaluate need, emerging issues, or both.
3. Does the PCA regularly solicit input on its T/TA plans and resources?
The PCA should produce two examples of meeting minutes, agendas, or emails demonstrating requests for input.
4. Does the PCA perform evaluations of T/TA activities? How frequently?
Describe any data collection methods and have the PCA showcase any tools.
5. Information on Available Resources
 - How does the PCA ensure all interested health centers (regardless of PCA membership or funding status) receive resources?
 - If applicable, how does the PCA reach out to non-member health centers and look-alikes?
 - What communication channels does the PCA use to publicize T/TA opportunities?
If available, ask the PCA to demonstrate online platforms (e.g., website, social media, peer group portals) used to communicate with health centers.
6. Special Populations and Newly Funded
 - How has the PCA coordinated with its special or vulnerable population National Cooperative Agreements grantee?
 - How is the PCA addressing the unique health needs and barriers to care for special and vulnerable populations in the state (or region)?
 - How has the PCA coordinated with newly funded health centers (as applicable)?

- How is the PCA addressing the unique health needs and barriers to care for newly funded health centers in the state or region (as applicable)?

Goal A: Increase Access to Comprehensive Primary Care

Program Requirement: PCAs conduct activities with a purpose to Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding, *Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance, or Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary, medical, oral, mental, substance use disorder, vision, enabling services)*. As an innovative optional activity, PCA may also create an objective that defines a state or regional barrier to increasing access and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant ask questions to review an activity from Goal A1, A2, A3, or A4 tracks to verify this section. The consultant should not review objective activities reviewed during the Pre-Site Analysis process.
 - How does the PCA conduct ongoing surveillance of the health care environment related to this Activity Area? What data sources are used?
 - How did the PCA identify and prioritize the pressing needs related to this Activity Area?
 - How do the Activity Area activities address the high priority needs identified in the health care environment?
 - How is the PCA using data (e.g., state profiles or UDS) to inform its proposed activities in this Activity Area?

PCA may demonstrate any data tracking or organization tools.

- Did the PCA collaborate with any other organization to complete this activity? What organizations?
- How has the collaboration improved access to comprehensive primary care services?
- How does the PCA identify duplication of efforts, and what efforts have been made to reduce duplication?

2. For this question section, the consultant selects one objective from Goal A1, A2, A3, or A4 tracks, (not selected in Question 1) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data and HRSA PO when selecting the Activity Area. The consultant identifies one activity and asks:
- What were the contributing factors to achieving the activity outcome?
 - What other resources did the PCA use to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area?
 - What were the restricting factors to achieving the activity outcome?
 - Were areas for improvement identified? If applicable, what areas have been identified and how have improvements been incorporated?
 - How was the activity evaluated? If applicable, and how was the evaluation used to determine the success of this activity?
 - How does the PCA assess the return on investment (ROI) of this activity?
 - How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status?
 - Did the PCA collaborate with any other organization to complete this activity? What organizations?
 - How has the collaboration improved access to comprehensive primary care services?
 - How does the PCA identify duplication of efforts, and what efforts have been made to reduce duplication?

For Regional PCAs ONLY

3. For this question section, the consultant selects one objective from Goal A1, A2, A3 or A4 tracks, (not selected in Question 1 or 2) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data, the HRSA PO, or both when selecting the Activity Area. Once the activity has been identified, the consultant asks:

- How do activities of the Regional PCA in this objective complement or enhance T/TA activities conducted by state PCAs?

PCA should provide two examples.

- How does the Regional PCA assure there is no duplication of effort with the state's PCAs?

Ask the Regional PCA to show any tracking documents or tools.

- What unique benefits for this goal does the Regional PCA offer in addition to the state PCAs?

PCA should provide two examples.

- How often does the Regional PCA communicate with the state PCAs about work plan coordination efforts for this objective?
- Does the Regional PCA request feedback from state PCAs on the T/TA it conducts?

PCA should provide two examples

- What collaborative efforts for feedback are in place for this objective?

PCA should provide two examples

Goal B: Accelerate Value-Based Care Delivery

Program Requirement: Increase the percentage of health centers that are at a high level of readiness for, or already engaged in value-based care delivery. As an innovative optional activity, PCA may also create an objective that defines a state or regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluating its effectiveness and scalability.

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks questions to review an activity from Goal B1 or B2 goal tracks to verify this section. The consultant should review objective activities that were not reviewed during the Pre-Site Analysis process.

Goal B1 Track

- How does the PCA assess health centers' readiness for value-based care?
- How does the PCA assist health centers in determining the patient populations that are the best opportunity for value-based care?
- How does the PCA work with health centers to identify and select a value-based care model?
- How does the PCA assist health centers in designing a value-based care model or strategic framework?
- What training or technical assistance has the PCA provided to enhance health centers' understanding of and capacity to implement value-based care?
- How does the PCA assist health centers in collecting, measuring, and analyzing the costs of services that demonstrate the value of care and identifying areas for improving efficiency?

Goal B2 Track (Optional Goal Track)

The PCA may not have chosen this objective as part of its work plan.

- How does the PCA assist health centers in identifying state or regional barriers to accelerating value-based care?
- To what extent does the PCA's potential approach to overcoming value-based care barriers consider cross-jurisdictional or regional non-tech factors? These might include supportive community and social service networks, multi-stakeholder governance, care coordination, local market conditions, legislative or regulatory enactments, or health center priorities.
- To what extent does the PCA's potential approach to overcoming value-based care barriers consider cross-jurisdictional or regional technical factors? These might include, lack of

- interoperability, disparate or incompatible electronic health records, inability or reluctance to harness real-time data and to use data analytics, diverse approaches to adopting new technologies, or transaction costs of altering existing billing and payment systems.
- How does the PCA assess the effectiveness and scalability of its proposed solution to addressing barriers to accelerating value-based care?
 - How did the PCA select the activities in the Activity Area chosen for review by the consultant?

2. Using the objective chosen from Goal Track B1 or B2, respond to the following:

- What factors contributed to achieving the activity's outcome?
- What other resources did the PCA use to compliment this activity and assure it helped to achieve the Target Goal for the Activity Area?
- What factors restricted the achievement of the activity's outcome?
- How does the PCA identify areas for improvement? If applicable, what areas of improvement has the PCA identified? How has the PCA incorporated those improvements?
- How does the PCA determine the activity's success?
- How did the PCA ensure that the activity was available and accessible to existing and potential health centers regardless of their PCA membership status or look-alike designation?

For Regional PCAs ONLY

3. For this question section, the consultant selects one objective from Goal B1 or B2 tracks, (not selected in Question 1 or 2) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area. Once identifying the activity, the consultant will ask:

- How do Regional PCA activities in this objective complement or enhance T/TA activities conducted by state PCAs?

PCA should provide two examples

- How does the Regional PCA ensure there is no duplication of effort with the state PCAs?

Ask the Regional PCA to show any tracking documents or tools.

- What unique benefits for this goal does the Regional PCA offer in addition to the state PCAs?

PCA should provide two examples

- How often does the Regional PCA communicate with the state PCAs about work plan coordination efforts for this objective?
- Does the Regional PCA request feedback from state PCAs on the T/TA it conducts?

PCA should provide two examples

- What collaborative efforts for feedback are in place for this objective?

PCA should provide two examples.

Goal C: Foster a Workforce to Address Current and Emerging Needs

Program Requirement: PCAs must increase the percentage of health centers with comprehensive workforce plans and increase the percentage of health center executive staff and board members who receive state/region-specific T/TA to advance health center operations. As an optional activity, PCAs may increase the percentage of health centers receiving support about innovative ways to maximize workforce through multidisciplinary care teams.

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks questions to review an activity from Goal C1, C2, or C3 goal tracks to verify this section. The consultant should review objective activities that were not reviewed during the Pre-Site Analysis process.

Goal C1 Track

- What is the PCA's approach to assisting health centers in determining the workforce composition and content required to meet patient, administrative, and management needs?
- How does the PCA use data such as BPHC data and UDS reports, human resources data, community data, and stakeholder data to conduct health centers' workforce assessments?
- How does the PCA assist health centers in identifying workforce gaps and implementing recruiting and training plans to address those gaps?
- How does the PCA assist health centers in establishing and implementing staff retention efforts?
- How has the PCA assisted health centers in developing, implementing, and evaluating a comprehensive and actionable workforce plan?
- How does the PCA assist health centers in engaging in succession planning?
- Has the PCA adopted the work plan Activity Area to align with HRSA priorities and changes in the health care environment?

Goal C2 Track

- How does the PCA assess the training needs of C-Suite executives and board leadership?
- How does the PCA mitigate training hesitancy among long-tenured C-Suite executives and board members?
- How does the PCA identify and prioritize the pressing needs related to leadership development?
- How do the selected activities address the priority needs identified in the leadership training needs assessment?

- What opportunities does the PCA provide to C-Suite executives and board leadership to apply practically their newly acquired skills?

Goal C3 Track (Optional Goal Track)

The PCA may not have chosen this objective as part of its work plan.

- What is the PCA's process for facilitating the implementation of multidisciplinary care teams?
- How does the PCA assist health centers in assessing their readiness for and resources available to establish multidisciplinary teams?
- What assistance does the PCA provide to health centers to determine the configuration and structure of multidisciplinary teams?
- What performance indicators have the PCA implemented to assist health centers in assessing the efficacy and quality of multidisciplinary care teams in areas such as care planning, case selection, and patient-centered decision-making processes?
- How has the widespread implementation of telehealth affected the PCA's approach to assisting health centers in establishing multidisciplinary teams?

2. Using the objective chosen from the Goal C1, C2, or C3 tracks to respond to the following:

- What factors contributed to achieving the activity's outcome?
- What other resources did the PCA use to compliment this activity and assure it helped to achieve the Target Goal for the Activity Area?
- What factors restricted the achievement of the activity's outcome?
- How does the PCA identify areas for improvement? If applicable, what areas of improvement has the PCA identified? How has the PCA incorporated those improvements?
- How does the PCA determine the activity's success?
- How did the PCA ensure that the activity was available and accessible to existing and potential health centers regardless of their PCA membership status or look-alike designation?

For Regional PCAs ONLY

3. For this Question section, the consultant selects one objective from Goal B1 or B2 tracks, (not selected in Question 1 or 2) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data and HRSA PO when selecting the Activity Area. Once identifying the activity, the consultant asks:

- How do Regional PCA activities in this objective complement or enhance T/TA activities conducted by state PCAs? PCA should provide two examples.
- How does the Regional PCA ensure there is no duplication of effort with the state PCAs?

Ask the Regional PCA to show any tracking documents or tools.

- What unique benefits for this goal does the Regional PCA offer in addition to the state PCAs?

- PCA should provide two examples.
- How often does the Regional PCA communicate with the state PCAs about work plan coordination efforts for this objective?
- Does the Regional PCA request feedback from state PCAs on the T/TA it conducts?

PCA should provide two examples

- What collaborative efforts for feedback are in place for this objective?

PCA should provide two examples

Goal D: Enhance Emergency Preparedness and Response

Program Requirement: Increase must propose activities to increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and public health emergencies. In addition, PCAs must propose activities to increase the percentage of health centers that receive state/region-specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and public health.

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks the questions below to analyze Goal D1 or D2 goal tracks to verify this section.

Goal D1 and D2 Track

- How are the emergency preparedness needs of health centers assessed before, during, and after an emergency?
 - How does the PCA ensure continuity of care and communication during emergencies?
 - How does the PCA coordinate at the regional, state, and community levels, before, during, and after an emergency?
 - If available, have the PCA demonstrate the emergency processes or tools used to engage health centers before, during, and after an emergency.
2. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant will ask questions to review an activity from Goal D1 or D2 goal tracks to verify this section. The consultant should review objective activities that were not reviewed during the Pre-Site Analysis process.
 - Did the PCA explain the activity's purpose and expected outcome?
 - What factors contributed to achieving the activity's outcome?
 - What other resources did the PCA use to compliment this activity and assure it helped to achieve the Target Goal for the Activity Area?

- What factors restricted the achievement of the activity's outcome?
- How does the PCA identify areas for improvement? If applicable, what areas of improvement has the PCA identified? How has the PCA incorporated those improvements?
- How does the PCA determine the activity's success?
- How did the PCA ensure that the activity was available and accessible to existing and potential health centers regardless of their PCA membership status or look-alike designation?

For Regional PCAs ONLY

3. For this question section, the consultant selects one objective from Goal D1 or D2 tracks, (not selected in Question 1 or 2) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data and HRSA PO when selecting the Activity Area. Once identifying the activity, the consultant asks:

- How do Regional PCA activities in this objective complement and enhance T/TA activities conducted by state PCAs?

PCA should provide two examples

- How does the Regional PCA ensure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools.
- What unique benefits for this goal does the Regional PCA offer in addition to the state PCAs? PCA should provide two examples.
- How often does the Regional PCA communicate with the state PCAs about work plan coordination efforts for this objective?
- Does the Regional PCA request feedback from state PCAs on the T/TA it conducts?

PCA should provide two examples

- What collaborative efforts for feedback are in place for this objective?

Goal E: Advance Health Center Clinical Quality and Performance

Program Requirement: Improve health outcomes in the state or region on diabetes control and other UDS clinical measures based on identified needs. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, social risk factors, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks the questions below to analyze Goal E1, E2, E3, E4, or E5 Track to verify this section.

Goal E1, E2, E3, E4, and E5 Track

- What is the PCA's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources did the PCA use?

- How did the PCA identify and prioritize the pressing needs related to this Activity Area?
- How do the Activity Area activities address the high priority needs identified in the health care environment?
- Has the PCA adapted the work plan Activity Area based on HRSA priorities and changes in the health care environment?
- How is the PCA using BPHC data (e.g., conditions reports, UDS) to inform its proposed activities in the Activity Area?

PCA may demonstrate any data tracking or organization tools.

2. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks questions to review an activity from Goal E1, E2, E3, E4, or E5 Track to verify this section. The consultant should review objective activities that were not reviewed during the Pre-Site Analysis process.

- Did the PCA explain the activity's purpose and expected outcome?
- What factors contributed to achieving the activity's outcome?
- What other resources did the PCA use to compliment this activity and assure it helped to achieve the Target Goal for the Activity Area?
- What factors restricted the achievement of the activity's outcome?
- How does the PCA identify areas for improvement? If applicable, what areas of improvement has the PCA identified? How has the PCA incorporated those improvements?
- How does the PCA determine the activity's success?
- How did the PCA ensure that the activity was available and accessible to existing and potential health centers regardless of their PCA membership status or look-alike designation?

For Regional PCAs ONLY

3. For this Question section, the consultant selects one objective from Goal D1 or D2 tracks, (not selected in Question 1 or 2) and one corresponding Activity Area identified in the PCA's work plan. The consultant may refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area. Once identifying the activity, the consultant asks:

- How do Regional PCA activities in this objective complement or enhance T/TA activities conducted by state PCAs?

PCA should provide two examples

- How does the Regional PCA ensure there is no duplication of effort with the state PCAs?

Ask the Regional PCA to show any tracking documents or tools.

- What unique benefits for this goal does the Regional PCA offer in addition to the state PCAs?

PCA should provide two examples

- How often does the Regional PCA communicate with the state PCAs about work plan coordination efforts for this objective?
- Does the Regional PCA request feedback from state PCAs on the T/TA it conducts?

PCA should provide two examples

- What collaborative efforts for feedback are in place for this objective?
PCA should provide two examples.

Goal F: Supplemental Funding

F1: Workforce Enhancement

Program Requirement: PCAs must identify PCA workforce T/TA activities that will strengthen and support achievement of Health Professions Education & Training (HP-ET) goals. PCAs should show how they have enhanced health centers' capabilities to recruit, develop, and retain their workforce by exposing health and allied health professions students, trainees, and residents to education and training programs at health centers by the end of their project period. Activities must demonstrate a plan to identify a full-time workforce development staff member, administer and provide T/TA on the Readiness to Train Assessment Tool (RTAT), assist health centers in identifying potential barriers that may prevent them from advancing HP-ET, provide analysis of key factors to identify overarching challenges, and to identify and provide T/TA to help address identified barriers.

F2: Other Supplemental Funding (e.g., COVID 19, EHE)

Question

1. For this question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan for COVID-19 and for EHE, where applicable. The consultant asks the questions below to analyze Goal F1 and F2 Track to verify this section.
 - What is the PCA's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources did the PCA use?
 - How did the PCA identify and prioritize the pressing needs related to this Activity Area?
 - How do the Activity Area activities address the high priority needs identified in the health care environment?
 - Has the PCA adapted the work plan Activity Area based on HRSA priorities and changes in the health care environment?
 - How is the PCA using BPHC data (e.g., conditions reports or UDS.) to inform its proposed activities in the Activity Area?

PCA may demonstrate any data tracking or organization tools.

2. For this Question section, the consultant selects one objective and one corresponding activity identified in the PCA's work plan. The consultant asks the questions below to review an activity from Goal F1 and F2 Track to verify this section. The consultant should review objective activities that were not reviewed during the Pre-Site Analysis process.

- Did the PCA explain the activity's purpose and expected outcome?
- What factors contributed to achieving the activity's outcome?
- What other resources did the PCA use to compliment this activity and ensure it helped achieve the activity area's target goal?
- What factors restricted the achievement of the activity's outcome?
- How does the PCA identify areas for improvement? If applicable, what areas of improvement has the PCA identified? How has the PCA incorporated those improvements?
- How does the PCA determine the activity's success?
- How did the PCA ensure that the activity was available and accessible to existing and potential health centers regardless of their PCA membership status or look-alike designation?

Appendix H: Exit Conference—(Site Visit Verification Result Form)

The site visit concludes with an Exit Conference attended by everyone who participated in the site visit process. The consultant summarizes the general findings from all aspects reviewed during the onsite process and discusses any follow up actions or steps, if applicable.

The PCA can refer to following table as the consultant provides the results of the site visit.

This is not the Site Visit Report.

| Program Verification Review | Verification Status |
|---|---|
| <p>Goal A</p> <p>Objective A1: Comprehensive Services—Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding.</p> <p>Objective A2: Health Center Program Development—Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance.</p> <p>Objective A3: Service Integration (Optional)—Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services).</p> <p>Objective A4: Innovation (Optional)—Create an objective that defines a state/regional barrier to increasing access and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.</p> | <p>___ Verified</p> <p>___ Not Verified</p> |
| <p>Goal B</p> <p>Objective B1: Readiness for Value-Based Care Delivery—Increase the percentage of health centers that are at a high level of readiness for, or already engaged in value-based care delivery.</p> | <p>___ Verified</p> <p>___ Not Verified</p> |

| Program Verification Review | Verification Status |
|---|---|
| <p>Objective B2: Innovation (Optional)—Create an objective that defines a state/regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.</p> | |
| <p>Goal C</p> <p>Objective C1: Workforce Planning—Increase the percentage of health centers with comprehensive workforce plans.</p> <p>Objective C2: Executive Development—Increase the percentage of health center executive staff and board members that receive state/region-specific T/TA to advance health center operations.</p> <p>Objective C3: Workforce Advancement (Optional)—Increase the percentage of health centers receiving support about innovative ways to maximize workforce through multidisciplinary care teams.</p> | <p>___ Verified</p> <p>___ Not Verified</p> |
| <p>Goal D</p> <p>Objective D1: Continuity of Care and Communication during Emergencies—Increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and/or public health emergencies</p> <p>Objective D2: Emergency Preparedness—Increase the percentage of health centers that receive state/region specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and/or public health emergencies.</p> | <p>___ Verified</p> <p>___ Not Verified</p> |
| <p>Goal E</p> <p>Objective E1: Quality Care: Diabetes—Improve the performance of health centers in the state or region on the diabetes clinical quality measure. (Hemoglobin A1c >9%)</p> <p>Objective E2: Quality Care: Applicant Choice—Improve the performance of health centers in the state or region on one of the following clinical quality measures: control of hypertension, depression screening, or HIV testing</p> <p>Objective E3: Quality Care: Applicant Choice (Optional)—Improve the performance of health centers on a clinical quality measure.</p> <p>Objective E4: Social Risk Factors—Increase the percentage of health centers that collect data on social determinants of health</p> <p>Objective E5: Community Partnership (Optional)—Increase the percentage of health centers that partner with community organizations to propose innovative solutions to address social determinants of health</p> | <p>___ Verified</p> <p>___ Not Verified</p> |

| Program Verification Review | Verification Status |
|--|---|
| <p>Goal F</p> <p>Objective F1: Supplemental Funding Activities—Identify PCA workforce T/TA activities that will strengthen and support achievement of Health Professions Education & Training (HP-ET) goals.</p> <p>Objective F2: Supplemental Funding Activities —COVID 19, EHE (where applicable)</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Publication Plan</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Budget and Contracts</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Tracking T/TA and T/TA Evaluation</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Information on Available Resources</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Review of Position Descriptions</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Special Populations and Newly Funded</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |

Performance Improvement Areas:

- The consultant lists all PIAs and the section in which they fall in the guide.
- The final consultant report provides in-depth details.

Promising Practices

- The consultant lists a few promising practices identified during the site visit and the section they fall in the guide.
- The final consultant report provides in-depth details.

Health Center Interviews

- The consultant provides a brief verbal summary of key themes and remarks from the health center interviews.
- The final consultant report provides in-depth details.

Appendix I: PCA Site Visit Report Template

| PCA Information | |
|---|-------|
| PCA Name: | |
| Project Director: | |
| Site Visit Dates : | |
| Physical Site Visit Location or Virtual Link: | |
| Consultant | |
| Project Officer | |
| Site Visit Participants: Name | Title |
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Pre-Site Visit Analysis

Health Center Interview Responses

The consultant provide the results (an average rating) for each question from the Health Center Interviews in the cells provided below. Please write N/A in any cells that are not used. If applicable, provide a summary of trends from the interviews below.

All responses should remain anonymous.

| | | | | |
|---------|---------|---------|---------|---------|
| Rating: | Rating: | Rating: | Rating: | Rating: |
| Rating: | Rating: | Rating: | Rating: | Rating: |
| Rating: | Rating: | Rating: | Rating: | Rating: |

Summary:

| Pre-Site Visit Activities Analysis | |
|---|---|
| <p>Instructions</p> <p>The consultant must review <i>all</i> pre-site visit documents and conduct pre-site visit analysis before the virtual site visit. <i>For this section, the consultant reviews the information discovered and responses received to the Pre-Site Analysis questions (Appendix E).</i></p> <p>For each question below, the consultant must analyze and determine whether each question is <i>VERIFIED OR NOT VERIFIED</i> using Pre-Site visit evidence provided by the PCA and PO.</p> <ul style="list-style-type: none"> • VERIFIED: If the PCA has provided sufficient evidence to satisfy this section, the consultant must write MET in the text box on the right and give a justification summary in the text box labeled response. • NOT VERIFIED: If the PCA has not provided sufficient evidence to satisfy this section, the consultant must write NOT MET in the text box on the right and give a justification summary in the text box labeled response. <p>The consultant must follow up during the onsite visit process if unable to verify these questions during pre-site visit analysis.</p> | <p>Verification Status</p> <p>Verified</p> <p>Not Verified</p> |

| Pre-Site General Verification | |
|--|--|
| <p>1. After reviewing the PCA work plan and the needs assessment section of the most recent application, do the T/TA activities address needs identified in the PCA's application? Does the response section of the application describe a plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers (including those serving special and vulnerable populations, newly funded populations, and newly funded health centers)?</p> <p>Response:</p> | |
| <p>2. In reviewing the PCA budget details and narrative, is the PCA budget reasonable for the PCA's planned activities and staffing plan for the budget period? Does the purpose and scope of contracts or agreements support the accomplishment of the PCA Notice of Funding Opportunity (NOFO) program requirements? Does the timeframe for the contract or agreement match the BPHC funding project period?</p> <p>Response:</p> | |
| <p>3. Does the PCA have a publication plan available for review? Does the plan clearly identify the publications the PCA created or disseminated? <i>Please provide examples of publications completed or upcoming.</i></p> <p>If the PCA does not have a publication plan available for review, please write not applicable or N/A in the verification cell to the right.</p> | |

| | |
|--|--|
| <p>Response:</p> | |
| <p>4. In reviewing the position description(s) and biographical sketches, have any key management positions changed since the most recent PCA application? What positions changed and why? Do the position descriptions support the accomplishment of PCA NOFO requirements? In your opinion, do staff have the qualifications for each position? <i>The response should be stated in fewer than five sentences.</i></p> <p>Response:</p> | |

| | |
|--|--|
| <p>On-Site -PCA Background and PCA Showcase</p> | |
| <p>Project Background - Provide a background of the organization and activities conducted during the site visit. Also, provide highlights from the PCA Showcase presentation. <i>The response should be stated in 5 – 10 sentences.</i></p> | |
| <p>Summary:</p> | |

| | |
|---|---|
| <p>On-Site or Virtual Activities Analysis</p> | |
| <p>Instructions</p> <p>The consultant must complete the site visit report after the visit. For this section, the consultant should review the responses received in the On-Site or Virtual Visit Analysis section (Appendix G).</p> <p>For each question below, the consultant must analyze and determine whether each question is <i>VERIFIED OR NOT VERIFIED</i> using onsite visit evidence provided by the PCA or PO.</p> <ul style="list-style-type: none"> • VERIFIED: If the PCA has provided sufficient evidence to satisfy this section, the consultant must write MET in the text box on the right and give a justification summary in the text box labeled response. • NOT VERIFIED: If the PCA has not provided sufficient evidence to satisfy this section, the consultant must write NOT MET in the text box on the right and give a justification summary in the text box labeled response. <p><i>Each question should have a response of 5 – 10 sentences.</i></p> | <p>Verification Status</p> <p>Verified</p> <p>Not Verified</p> |

| General Verification Questions | |
|--|--|
| <p>1. Is the PCA tracking the completion of work plan activities? How? When monitoring the health care environment, does the PCA aggregate the data from different sources? How?</p> <p>Response:</p> | |
| <p>2. Does the PCA regularly solicit input on its T/TA plans and resources? How? Does the PCA perform evaluations of T/TA activities? How?</p> <p>Response:</p> | |
| <p>3. Provide details about how the PCA ensures that all interested health centers (regardless of PCA membership or funding status) receive resources. Does the PCA connect with non-member health centers and look-alikes? How? What communication channels does the PCA use to publicize T/TA opportunities? Did the consultant see the online platforms the PCA uses to communicate with health centers? Describe it.</p> <p>Response:</p> | |
| <p>4. How has the PCA coordinated with their special or vulnerable population National Training and Technical Assistance Partners? How is the PCA addressing the unique health needs and barriers to care for special and vulnerable populations in their state (or region)? Has the PCA coordinated with newly funded health centers in their state or region to address their needs and barriers to care? How?</p> <p>Response:</p> | |

| Goal A: Increase Access to Comprehensive Primary Care | |
|---|--|
| <p>Conduct analysis and determine whether this section is <i>VERIFIED OR NOT VERIFIED</i> using the pre-site verification analysis conducted (Appendix E) and the onsite verification analysis conducted (Appendix G).</p> <p>Please write <i>VERIFIED OR NOT VERIFIED</i> in the text box to the right and record the justification for the decision below. Also, identify any Performance Improvement Areas (PIAs) for the corresponding question.</p> <p><i>Each question should have a response of 5 – 10 sentences.</i></p> <p>Objective A1: Comprehensive Services—Increase the percentage of health centers that have successfully implemented the Health Center Program supplemental funding. (PCAs covering Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina, and other states in the targeted jurisdictions for Ending the HIV Epidemic are required to select HIV prevention supplemental funding).</p> | |

| | |
|---|--|
| <p>Objective A2: Health Center Program Development—Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance.</p> <p>Objective A3: Service Integration (Optional)—Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services)</p> | |
| <p>Question 1: Pre Site Visit Response (Question 1):</p> <p>Question 2: Pre Site Visit Response (Question 2):</p> | |
| <p>Question 1: On-Site Response (Question 1):</p> <p>Question 2: On-Site Response (Question 2):</p> <p>Question 3: On-Site Response (Regional PCAs Only):</p> | |

Goal B: Accelerate Value-Based Care Delivery

Conduct analysis and determine whether this section is *VERIFIED OR NOT VERIFIED* using the pre-site verification analysis conducted ([Appendix E](#)) and the onsite verification analysis conducted ([Appendix G](#)).

Please write *VERIFIED OR NOT VERIFIED* in the text box to the right and record the justification for the decision below. Also, identify any PIAs for the corresponding question.

Each question should have a response of 5 – 10 sentences.

Objective B1: Readiness for Value-Based Care Delivery—Increase the percentage of health centers that are at a high level of readiness for, or already engaged in value-based care delivery

Objective B2: Innovation (Optional)—Create an objective that defines a state/regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.

Question 1: Pre Site Visit Response (Question 1):

Question 2: Pre Site Visit Response (Question 2):

Question 1: On-Site Response (Question 1):

Question 2: On-Site Response (Question 2):

Question 3: On-Site Response (Regional PCAs Only):

Goal C: Foster a Workforce to Address Current and Emerging Needs

Conduct analysis and determine whether this section is *VERIFIED OR NOT VERIFIED* using the pre-site verification analysis conducted (Appendix E) and the onsite verification analysis conducted (Appendix G).

Please write VERIFIED OR NOT VERIFIED in the text box to the right and record your justification for the decision below.

Each question should have a response of 5 – 10 sentences.

Objective C1: Workforce Planning—Increase the percentage of health centers with comprehensive workforce plans.

Objective C2: Executive Development—Increase the percentage of health center executive staff and board members that receive state/region-specific T/TA to advance health center operations

Objective C3: Workforce Advancement (Optional) — Increase the percentage of health centers receiving support about innovative ways to maximize workforce through multidisciplinary care teams.

Question 1: Pre Site Visit Response (Question 1):

Question 2: Pre Site Visit Response (Question 2):

Question 1: On-Site Response (Question 1):

Question 2: On-Site Response (Question 2):

Question 3: On-Site Response (Regional PCAs Only):

Goal D: Enhance Emergency Preparedness and Response

Conduct analysis and determine whether this section is *VERIFIED OR NOT VERIFIED* using the pre-site verification analysis conducted ([Appendix E](#)) and the onsite verification analysis ([Appendix G](#)).

Please write *VERIFIED OR NOT VERIFIED* in the text box to the right and record your justification for the decision below. Also, identify any Performance Improvement Areas (PIAs) for the corresponding question.

Each question should have a response of 5 – 10 sentences.

Objective D1: Continuity of Care and Communication during Emergencies—

Increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and/or public health emergencies.

Objective D2: Emergency Preparedness—Increase the percentage of health centers that receive state/region specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and/or public health emergencies.

Question 1: Pre Site Visit Response (Question 1):

Question 2: Pre Site Visit Response (Question 2):

Question 1: On-Site Response (Question 1):

Question 2: On-Site Response (Question 2):

Question 3: On-Site Response (Regional PCAs Only):

Goal E: Advance Health Center Clinical Quality and Performance

Conduct analysis and determine whether this section is *VERIFIED OR NOT VERIFIED* using the pre-site verification analysis conducted ([Appendix E](#)) and the onsite verification analysis ([Appendix G](#)).

Please write *VERIFIED OR NOT VERIFIED* in the text box to the right and record your justification for the decision below. Also, identify any Performance Improvement Areas (PIAs) for the corresponding question.

Each question should have a response of 5 – 10 sentences.

Objective E1: Quality Care: Diabetes—Improve the performance of health centers in the state or region on the diabetes clinical quality measure. (Hemoglobin A1c >9%)

Objective E2: Quality Care: Applicant Choice—Improve the performance of health centers in the state or region on one of the following clinical quality measures: control of hypertension, depression screening, or HIV testing.

Objective E3: Quality Care: Applicant Choice (Optional)—Improve the performance of health centers on a clinical quality measure. (Choose from any UDS clinical quality measure).

Objective E4: Social Risk Factors—Increase the percentage of health centers that collect data on social determinants of health.

Objective E5: Community Partnership (Optional)—Increase the percentage of health centers that partner with community organizations to propose innovative solutions to address social determinants of health.

Question 1: Pre Site Visit Response (Question 1):

Question 2: Pre Site Visit Response (Question 2):

Question 1: On-Site Response (Question 1):

Question 2: On-Site Response (Question 2):

Question 3: On-Site Response (Regional PCAs Only):

Goal F: Supplemental Funding

Conduct analysis and determine whether this section is *VERIFIED OR NOT VERIFIED* using the pre-site verification analysis conducted ([Appendix E](#)) and the onsite verification analysis ([Appendix G](#)).

Please write *VERIFIED OR NOT VERIFIED* in the text box to the right and record your justification for the decision below. Also, identify any PIAs for the corresponding question.

Each question should have a response of 5 – 10 sentences.

Objective F1: Workforce Enhancement—Expand workforce training and technical assistance (T/TA) activities as part of the Health Professions Education & Training (HP-ET) initiative.

Objective F2: Other Supplemental Funding

COVID 19—Support health centers with COVID-19 prevention, preparedness, and/or response, including strengthening health center operations and capacity to ensure access to comprehensive primary care services.

EHE—Support enhanced statewide HIV prevention efforts among health centers in the seven states that have substantial rural HIV burden.

Question 1: Pre Site Visit Response (Question 1):

Question 2: Pre Site Visit Response (Question 2):

Question 1: On-Site Response (Question 1):

Question 2: On-Site Response (Question 2):

Innovations or Promising Practices

The consultant should refer to the MSCG/BPHC training for consultants on promising practices for instructions on collecting and documenting promising practices. If promising practices were not identified, write *No Promising Practice Identified* for this goal.

Provide a response of 5 – 10 sentences.

Goal A:

Goal B:

Goal C:

Goal D:

Goal E:

Goal F:

| | |
|---|--|
| Additional Onsite Issues or Concerns | |
| Response: | |
| | |
| Consultant Name and Signature: | |
| Report Completion Date: | |

Appendix J: Additional Resources for Consultants

Important Links

State and Regional Primary Care Association (PCA) Cooperative Agreements. [FY 2020 PCA Notice of Funding Opportunity \(NOFO\) – HRSA-20-021](#)

State and Regional Primary Care Association Cooperative Agreements Workforce Funding Overview. [PCA Workforce Additional Funding Overview](#)

Primary Care Associations COVID-19 Funding Overview. [PCA COVID-19 Additional Funding Overview](#)

Promising Practices Guidance

Overview

A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for PCAs. HRSA collects these promising practices to share externally with others (e.g., via the BPHC website, other health centers, and technical assistance partners).

The consultant should document no more than two promising practices during the site visit. The consultant should closely follow the guidance below in determining if an activity rises to the level of a promising practice.

Promising Practices Documentation

1. When promising practices are identified, the consultant should document the following:
 - a. **Context:** Clearly describe PCA's innovation, challenge, or issue.
 - b. **Description:** In detail, describe the practice implemented.
 - c. **Outcome:** Use quantitative, qualitative data, or both to show how the practice was effective.
 - d. **Implementation section:** Describe how other PCAs or health centers can implement the promising practice. Please list any special needs or costs associated with this activity. Specify the elements required for the organization's successful implementation (e.g., board approval, policy, funding, collaborative partners and resources, facility, transportation, community acceptance).
2. The consultant should ensure PCA consents to share the practice with others (e.g., via the BPHC website, other health centers, and technical assistance partners).
3. Specify the name, phone number, and email address of a staff person to contact for further information.
4. List any relevant documentation related to promising practice (e.g., policy, forms, patient education handout).