BUREAU OF PRIMARY HEALTH CARE

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 visits[1] 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.

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[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.

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[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

    o Site visit dates and times. Choose two dates—a preferred and an alternate.

    o 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

    o Send the PCA Site Visit Guide to the PCA and ensure the PCA understands the site visit purpose, expectations, and processes.

    o Confirm site visit purpose, expectations, and processes during the Kick-Off Call with the PO, PCA, and consultant.

- PCA Board and staff availability

    o 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.

    o Provide an overview of the site visit purpose and process, discuss logistics, and approve the final site visit agenda.

    o Confirm the consultant has all documents needed for the visit.

    o 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.

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[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.

    o Consultant prepares the kick-off call agenda; refer to the sample agenda in Appendix B.

    o PO and consultant provide an overview of site visit purpose and process.

    o All participants review the site visit agenda.

    o 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

• Most recent competing cooperative agreement application
 	
• All progress reports from the current project period, including the most recent progress report
 	
• Budget details form (SF-425)
 	
• The most recent budget narrative
 	
• UDS State performance profiles (see note below)
 	
   o Past and present clinical performance measures
 	
   o Past and present financial performance measures
 	
NOTE: Consultants should download documents needed to create state profiles from the following links:
 	
https://data.hrsa.gov/tools/data-reporting
 	
https://data.hrsa.gov/tools/data-reporting/program-data
 	
https://data.hrsa.gov/tools/data-reporting/special-populations
 	
https://data.hrsa.gov/tools/data-reporting/data-comparisons
	• 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):
	
	   o Goal A: Increasing access to comprehensive care (two T/TA activities)
	
	   o Goal B: Accelerating value-based care delivery (two T/TA activities)

BPHC Documents	PCA Documents

	o Goal C: Fostering a workforce to address current and emerging needs (two T/TA activities)
	
	o Goal D: Enhancing emergency preparedness and response (two T/TA activities)
	
	o Goal E: Advancing clinical quality and performance (two T/TA activities)
	
	o Goal F: Supplemental Funding
	
	    ▪ COVID-19 (two T/TA activities)
	
	    ▪ HP-ET (two T/TA activities
	
	    ▪ EHE (two T/TA activities)
	
	Examples of T/TA include trainings, workgroups, meetings, and conferences. Materials PCAs should submit for each T/TA activity could include:
	
	    o Evaluations, attendance, and agendas
	
	    o All materials shared with participants
	
	    o Planning materials used by the PCA
	
	• 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:

  - o Entrance conference

  - o Meetings with PCA leadership and staff (and board members, if present)

  - o A virtual visit to PCA using GoToMeeting, Zoom, or other video conference platforms (for site visits that are conducted virtually)

  - o A PCA showcase that overviews the T/TA provided to the health centers. See also. orientation showcase and Appendix F

  - o 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.

  - o 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.

  - o 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.

  - o Review *all* pre-site visit documents and conduct pre-site visit analysis before the first day of the site visit.

  - o 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*.

Activities Performed During Virtual or On-Site Visit

Procedure[5]

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).

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

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 1**0 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.

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)?

2. For this question section, the consultant selects one Goal 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?

- 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?

- 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