



2018 NATIONAL SURVEY OF FQHCs

Advancing High Quality Health Care for the Underserved

INSTRUCTIONS: Thank you for participating in the Commonwealth Fund's 2018 Survey of Federally Qualified Health Centers (FQHCs). The purpose of this survey is to identify the challenges FQHCs face and develop targeted initiatives to improve health centers' performance in providing high-quality care for the underserved. Your responses to this survey are completely confidential — any information you provide will be held in the strictest confidence.

Please read each question carefully. Using a blue or black pen, mark the box next to the appropriate response as indicated. It should take you about 20 minutes to complete the survey. Once you have completed the survey, please return it in the enclosed postage-paid envelope.

If you prefer, you can complete this survey online. Please visit www.commonwealthfundfqc.org.

SECTION A: QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION ACTIVITIES

1. Does your **health center organization** have support for the following **Quality Improvement (QI)** activities? *(If yes, does it have enough support?)*

	Yes, and has enough	Yes, but needs more	No
a. Dedicated staff to lead QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information systems to provide timely data and feedback to staff on QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Financial support for QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which, if any, of the following performance data are collected and reported at your **health center organization**? *(If these data are collected and reported, please indicate at what level.)*

	ONLY at the health center level	ONLY at the provider level	BOTH at the health center and provider levels	Not collected or reported
a. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surveys of patient satisfaction and experiences with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Is your **health center organization** currently participating in any of the following activities where the center and/or provider could receive financial incentives? *(Financial incentives include bonuses, higher fees, risk-related payments, or reimbursements.)*

	Yes, ONLY the center could receive incentives	Yes, ONLY the individual physician/provider could receive incentives	Yes, BOTH the center and the individual physician/provider could receive incentives	No
a. High patient satisfaction ratings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Achieving certain clinical care targets (e.g., performance on HEDIS-like measures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please think about the largest site in your health center organization. If you have only one site, please think of that site.

4. Does the **largest site** of your health center organization currently **participate** in any of the following value-based or practice models?

	Yes	No	Not sure
a. Patient-Centered Medical Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accountable Care Organization (ACO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bundled Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other Alternative Payment Models (APMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you **receive** any **enhanced payment** at your **largest site** for the following:

	Yes	No	Not sure
a. Patient-Centered Medical Home recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accountable Care Organization (ACO) participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bundled Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other Alternative Payment Models (APMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: INFORMATION TECHNOLOGY

6. How many years, if any, has your **largest site** used a patient electronic health record (EHR)?

- Less than 1 year
 1 to less than 5 years
 5 or more years
 Not applicable, no EHR

7. With the patient medical records system you **currently** have, how easy would it be for the staff in your **largest site** to **generate** the following information about the majority of your patients?

	Easy (< 24 hours)	Somewhat difficult (< 1 week)	Difficult (≥ 1 week)	Cannot generate
a. List of patients by lab result (e.g., <i>HbA1c > 9.0</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List of patients who are due or overdue for tests or preventive care (e.g., <i>flu vaccine due</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. List of patients taking a specific medication (e.g., <i>patients on ACE inhibitors, or on a specific nonsteroidal anti-inflammatory medication</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronic list of all medications taken by a patient (including those prescribed by other doctors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. List of panel of patients by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does your **largest site** share (i.e., send and/or receive) any patient health information **electronically** (not including email or fax) with **other providers**, including hospitals, health departments, or labs?

- Yes
 No

9. How often, if ever, are the following tasks performed at your **largest site**?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider receives an alert/prompt at point of care for appropriate care services needed by patients (e.g., pap smear or immunizations due)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does your **largest site** offer patients the option to...?

	Yes	No
a. Access personal health information or health records online	<input type="checkbox"/>	<input type="checkbox"/>
b. Make appointments online	<input type="checkbox"/>	<input type="checkbox"/>
c. Request refills for prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>
d. Receive cell phone text messages/SMS regarding appointments (e.g., timely care reminders)	<input type="checkbox"/>	<input type="checkbox"/>
e. Use telehealth or telemedicine for non-face-to-face visits with health care providers	<input type="checkbox"/>	<input type="checkbox"/>

11. To what extent have you experienced the following as a challenge when using the EHR system at your **largest site**?

	Major challenge	Minor challenge	Not a challenge
a. Annual cost of maintaining or updating an EHR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The productivity of staff as a result of using the EHR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount of time it takes to produce data or reports on quality measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: ACCESS TO CARE AND CARE COORDINATION

12. How often are the following services available to patients at your **largest site** when they need them?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Complex care management from a dedicated care manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transportation to and from medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please indicate whether regular or well visits can be scheduled at the following times at your **largest site**.

	Yes	No
a. Early Morning Hours (before 8:30 a.m.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Evening Hours (after 6:00 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>
c. Weekend Hours	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do you think patients experience the following at your **largest site**?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Patients are able to receive a same or next-day appointment when they request one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patients can get telephone advice on clinical issues on weekends or after regular office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How difficult is it for your providers to obtain timely appointments for **office visits** with specialists or subspecialists **outside your health center organization** for patients with each of the following types of coverage? (If more than one site, please think of your **largest site**)

	Easy	Somewhat difficult	Very difficult	Not applicable
a. Uninsured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid fee-for-service patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid managed-care patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other privately insured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. When patients are referred to specialists or subspecialists **outside your largest site**, how often does each of the following occur?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. The referring provider receives a report back from the specialist/subspecialist about care given to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your center tracks specialist/subspecialist referrals until the consultation report returns to the referring provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does your **largest site** have any of the following types of relationships with your local hospital(s)?

	Yes	No
a. Hospital affiliation with referral of your patients for specialist or subspecialist care	<input type="checkbox"/>	<input type="checkbox"/>
b. Hospital affiliation with your physicians having admitting privileges	<input type="checkbox"/>	<input type="checkbox"/>

18. Thinking about the hospital to which patients at your **largest site** are most commonly admitted, if a patient is admitted to the hospital or emergency department how often does the following happen?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Hospital notifies your center that a patient has been admitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency department notifies your center that your patient has had an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your center receives a discharge summary or report from the hospital to which your patients are usually admitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How long does it usually take for a hospital discharge summary or report to arrive at your **largest site**?

- Less than 48 hours
 2–4 days
 5–14 days
 15–30 days
 More than 30 days
 Site does not receive discharge summaries

SECTION D: ADDRESSING PATIENTS' BEHAVIORAL HEALTH NEEDS

20. Who is screened and assessed for emotional or behavioral health needs (*e.g., stress, depression, anxiety, substance abuse*) at your **largest site**?

- All patients are screened
 All patients are supposed to be screened but not all are actually screened
 Only “at risk” patients are screened
 Only “at risk” patients are supposed to be screened but not all are actually screened
 No one is screened

21. At your **largest site**, how often are the following services available **onsite** for patients with emotional or behavioral health needs?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Long-term counseling for mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Short-term counseling for mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Treatment for substance abuse disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medication-Assisted Treatment (MAT) for opioid addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Overall, how easy or difficult is it for providers at your **largest site** to obtain timely **office visit** appointments for patients with behavioral or emotional health specialists **outside your health center organization?**

- Easy
 Difficult
 Extremely difficult or impossible

23. To what extent is each of the following a challenge in identifying and helping to address patients' emotional or behavioral health needs at your **largest site?**

	Major challenge	Minor challenge	Not a challenge
a. The time it takes to discuss the topic with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of available onsite staff to provide screening, assessment, or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insufficient number of behavioral health providers in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health center organization unable to bill Medicaid for more than one encounter per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of financial incentives/insufficient reimbursement for onsite behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: ADDRESSING PATIENTS' SOCIAL NEEDS

24. How often, if ever, does your health care organization screen for the following social needs at your **largest site?**

	Routinely	Occasionally	Never
a. Housing instability (<i>e.g., eviction, homelessness, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food insecurity (<i>e.g., hunger and nutrition</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation needs (<i>e.g., issues getting to medical appointments, work, grocery store, or other locations needed for daily living</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Utility needs (<i>e.g., water, electricity, heat</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Interpersonal safety needs (<i>e.g., domestic violence, abuse, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What standardized screener(s), if any, does your **largest site** use?
(*Select all that apply.*)

- Accountable Health Communities Screening Tools
 Upstream Risks Screening Tool and Guide
 iHELP
 Recommended Social and Behavioral Domains for EHRs
 PRAPARE
 WE CARE
 WellRx
 Other: _____
 Largest site does not use a standardized screener

26. Who is screened and assessed for unmet social needs at your **largest site**?

- All patients are screened
 Only some patients are screened (*e.g., pregnant women, foster children, etc.*)
 No one is screened

27. How often do providers or other staff at your **largest site** . . . ?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Coordinate patient care with community social service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Receive a report back from the social service organization about services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Overall, how easy or difficult is it for patients at your **largest site** to connect with the following social services when they need them **outside your health center organization**?

	Easy	Difficult	Extremely difficult or impossible	Not sure
a. Housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Utility services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Interpersonal safety services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. To what extent is each of the following a challenge to addressing unmet social needs of patients at your **largest site**?

	Major challenge	Minor challenge	Not a challenge
a. The time it takes staff to discuss social service needs with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of financial resources within health center to address social needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health center inadequately staffed to coordinate with social service organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social service organizations inadequately staffed to coordinate with health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insufficient number of social service resources in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: STAFFING

30. Thinking about patient care teams as a multi-discipline group of professionals that regularly communicate and work together to care for a defined set of patients, which of the following best describes patient care teams at your **largest site**? Would you say patient care teams . . .

- Exist, are cohesive, and roles and responsibilities for team members are clearly defined
- Exist, but are not cohesive **or** roles and responsibilities for team members are not clearly defined
- Do not exist **Skip to Q32** →

} **Continue to Q31**
↓

If patient care teams exist at your largest site:

31. Which of the following staff work as part of a patient care team to achieve the following at your **largest site**?

(Select all that apply.)

	Physicians	Advanced Practice Providers (NPs/PAs)	Nurses (RNs/LPNs)	Medical Assistants	Care Coordinators or Patient Navigators (Community Health Workers/Social Workers)
a. Develop patient treatment/care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regularly meet or “huddle” to discuss patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Follow-up with patients to check on progress or adjust treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Coordinate patient care with providers outside the health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Does your **largest site** employ community health workers (CHWs) or other staff from the community responsible for advocating for patients (e.g., lay health advocates, promotoras, outreach educators, or peer health educators)? (Do not include other non-community-based team members that may provide advocacy.)

- Yes **Continue to Q33** →
- No **Skip to Q34** →

33. Please indicate which of the following services are provided by CHWs or other trained staff from the community responsible for advocating for patients at your **largest site**:

	Provided by CHWs or other community-based advocates	Not provided by CHWs or other community-based advocates
a. Case management	<input type="checkbox"/>	<input type="checkbox"/>
b. Community outreach	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient/family education	<input type="checkbox"/>	<input type="checkbox"/>
d. Screening for behavioral health needs	<input type="checkbox"/>	<input type="checkbox"/>
e. Screening for social service needs	<input type="checkbox"/>	<input type="checkbox"/>
f. Interpretation/translation services	<input type="checkbox"/>	<input type="checkbox"/>

34. Are there currently **shortages** (i.e., *budgeted positions that are currently open*) of the following types of personnel in your **largest site**?

	Yes	No	Not applicable
a. Primary Care Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse Practitioners (<i>including Certified Nurse Midwives</i>)/Physician Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Complex Care Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medical Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nurses (<i>including RNs and LPNs</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Benefit and insurance eligibility counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Licensed mental health providers, including Psychiatrists and Substance Use Disorder Counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Social Workers or others to help obtain social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community Health Workers (CHWs) or other community-based patient advocates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How often, if ever, are the following services available at your **largest site** for communicating with patients who do not speak English?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Bilingual clinical staff who provide translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bilingual non-clinical staff (<i>e.g., front desk staff</i>) who translate for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trained interpreters available onsite within the center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone lines to access off site interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: CHANGES AND ONGOING CHALLENGES

36. On the whole, since the Affordable Care Act was passed in 2010, how, if at all, have the following changed at your **health center organization**?

	Much improved	Improved	About the same	Worse	Much worse	Not sure
a. Financial stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Funding for service or site expansions and upgrades of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient satisfaction and experiences with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to provide affordable care to more patients in the community you serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff shortages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provider and staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to provide after-hours care outside normal working hours, including evening and weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to provide treatment for mental health and substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ability to connect patients to social service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. How, if at all, do you anticipate the following **will change** at your **health center organization** in the next two years?

	Increase	Stay about the same	Decrease
a. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Primary care provider shortages (<i>including physicians, nurse practitioners, physician assistants</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Financial stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Amount of uncompensated care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amount of Medicaid funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of dental care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Availability of mental health and substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Availability of opioid addiction care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Availability of after-hours care outside normal working hours, including weekend and evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Competition with retail clinics (<i>e.g., urgent care, CVS minute clinics, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H: CHARACTERISTICS OF PATIENT POPULATIONS AT YOUR LARGEST SITE

For the following, please base your responses on actual data from your largest site, if data are available.

38. Please indicate the total number of patients at your largest site: _____
 (This number should reflect the information you reported to UDS in your 2017 report submitted this February.
 Please provide your best estimate if you cannot provide the exact number of patients.)

39. What percent of patients at your largest site have the following types of insurance?

Medicare	_____	%
Medicaid/CHIP	_____	%
Other Public Insurance	_____	%
Private Insurance	_____	%
Self-pay	_____	%
Other (Please specify: _____)	_____	%

40. Roughly what percent of the Medicaid patients at your largest site are covered by managed care plans?

- Less than one-third (<33%)
 One to two-thirds (33 to 66%)
 More than two-thirds (>67%)
 Largest site does not see Medicaid patients

41. What percentage of the patients in your largest site are . . . ?

	0% to less than 10%	10% to less than 25%	25% to less than 50%	50% or more
a. African American or Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. More than one race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Served in a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What type of community is your largest site located in?

- Large city
 Suburb near a large city
 Small city or town
 Rural area

43. What is your title?

- Executive Director
 Medical Director
 Chief Financial Officer
 Director of Nursing
 Other (*please specify:* _____)

44. Who else, if anyone, did you consult with to complete this survey?
(*Select all that apply.*)

- Executive Director
 Medical Director
 Chief Financial Officer
 Director of Nursing
 Other Staff
 No one, I completed it independently

For data analysis purposes, it is important to know exactly where your **largest site** is located. All data collected in the survey will be completely confidential and will never identify you and/or your facility individually.

County _____ Address: _____

State: _____ Zip Code: _____

Please provide your email address so that we may send you a summary of the survey highlights:

Email Address: _____

This is the end of the survey. Thank you, we greatly appreciate your time and cooperation!

Please place the completed survey in the prepaid return envelope
and mail it back to the address on the envelope:

SSRS
PO Box 90730
Allentown PA 18109



2018 NATIONAL SURVEY OF **FQHCs**

Advancing High Quality Health Care for the Underserved