







National Survey of Community Health Centers and Their Response to the Coronavirus Pandemic and Changes to the 340B Program

Consent Form and Information Sheet about the Research Study (IRB #: 101705)

You are invited to participate in this survey conducted by the George Washington University (GWU) and the Kaiser Family Foundation (KFF) in partnership with the National Association of Community Health Centers (NACHC) and supported by the RCHN Community Health Foundation. The purpose of this survey is to assess the impact on community health centers of the COVID-19 pandemic and their pandemic response, including their outreach on COVID-19 vaccines, the pandemic's effects on services and wait times, health centers' provision of social, supportive, and behavioral health services, changes to the 340B program, and challenges health centers are facing.

Your participation in this study is voluntary. If you do choose to participate in this survey, only questions 2, 7, and the final question are required; you may choose to skip any other question. You also can elect to cease participating in this study at any time. We estimate that you will need approximately 20 minutes to complete this survey.

The possible risks or discomforts participating health centers and their staff could experience during this study are minimal. You will not benefit directly from your participation in the study, but the results of this study may provide benefits to society by identifying the opportunities and challenges that health centers face in serving their patients and communities. The survey results also will be used to help identify potential policy reforms that could further strengthen health centers, including Medicaid reforms, additional grant funding, and program reforms to help bring health professionals to medically underserved communities.

Who Should Complete This Survey

All federally-funded community health centers in the 50 states and DC should complete this survey. The survey should be completed by the health center CEO or his/her designee. An individualized link has been created for each health center, so your progress will be saved and you can return to the survey. You can forward the link to your designee, but please do not forward the link beyond your health center. Please use only the "Next," "Prev," and "Done" buttons provided by SurveyMonkey to navigate the survey; if you use your internet browser's Forward and Back buttons, you may lose your answers.

Confidentiality

Your information and responses will be kept confidential. All findings will be reported in the aggregate

only. Only GWU and NACHC researchers will have access to individual responses, and KFF staff will have access only to de-identified responses that do not include respondents' names, job titles, or email addresses. Your identity will be known only to the principal investigators and the research staff. No respondents will be identified by name in any printed report. This survey will ask you if you are willing for NACHC to share your findings with your state Primary Care Association (PCA) to help the PCA in providing technical assistance to you. Should you provide us with permission to share your responses, only the PCA in your state will receive the information. Your information otherwise will not be shared and will be kept securely at GWU and NACHC.

The Office of Human Research of George Washington University, at (202)-994-4230, can provide further information about your rights as a research participant. Further information regarding this survey can be obtained by contacting the PI, Sara Rosenbaum (sarar@gwu.edu).

Your willingness to participate in this research study is implied if you proceed with completing the survey.

1. Name of your healt	th center
* 2. UDS or BHCMISI	D Number
3. Name of person fill	ing out the survey
4. Job title of person f	filling out the survey
5. Email	
Email Address	
6. City/Town	
* 7. State	
State/Province	select state





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COVID-19 vaccinations

8. Are all or some staff members at your health center required to receive the COVID-19 vaccithose with medical or other exemptions), or are no staff members required to receive the vaccine Yes, all staff members are required to receive the vaccine	
Yes, some staff members are required to receive the vaccine	
res, some stail members are required to receive the vaccine	
No, no staff members are required to receive the vaccine	
Not applicable, all staff members already have received the COVID-19 vaccine	
Which of the following actions, if any, has your health center taken to increase COVID-19 v among your <u>patients</u>? (Check all that apply).	accine uptake
Encourage staff to talk to patients about the vaccine during one-on-one or group encounters	
Provide pamphlets or other literature on the vaccine in waiting rooms or other common areas around the clin	iic
Send patients information via text, email, or phone about where they can access the vaccine	
Post information about the vaccine on social media (including vaccine availability at your health center)	
Provide information tailored to particular sub-populations (i.e., teens, older adults, at-risk groups, other)	
Conduct community outreach to inform people about the vaccine (e.g., going door to door, speaking at public community gatherings, etc.)	events and
Other action (please specify)	
None of the above, our health center has not taken any actions to increase COVID-19 vaccine uptake among	g patients









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COVID-19 impacts on appointments and wait times

10. For the following services, is the glargest site generally available on a wimore than a 4-week wait (including with Please include telehealth (if applicable does not provide the service category	alk-in basis, within a aiting list only)? (App le) and in-person app	two-week woroximate wa	indow, within it times are fi	a 2-4 week v ne).	vindow, or
	Not applicable	On a walk-in basis	Within a two- week window	Within a 2-4 week window	More than a 4- week wait (including waiting list only)
Develop and deal wield		<u></u>		_	

	Not applicable	On a walk-in basis	Within a two- week window	Within a 2-4 week window	(including waiting list only)
Routine medical visit	0	0	0	0	0
Routine dental visit	\circ	\circ	\circ	0	0
Mental health services (one-on-one visits, excluding group visits)	0	0	0	0	0
Substance use disorder services (one-on-one visits, excluding group visits)	0	\circ	\circ	0	0

11. Currently, how easy or difficult is it for providers at your health center to arrange timely <u>medical</u> appointments with specialists or subspecialists <u>outside your health center</u> for patients with each of the following types of insurance?

Please include in-person and virtual appointments with specialists and subspecialists for this question.

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not applicable
Uninsured patients	0	0	0	0	0
Medicaid/CHIP fee-for-service patients	0	0	\circ	0	0
Medicaid/CHIP managed-care patients (in-network specialists only)	0	0	0	0	0
Medicare patients	0	0	\circ	\circ	0
Privately insured patients		0	0	\odot	0

organization for patients with the following in		s with <u>specialist</u>		has made it eas ecialists outside	
	Easier	No different	Harder	Not applicable	Don't know
Uninsured patients	0	0	0	0	0
Medicaid/CHIP fee-for-service patients	\circ	\circ	\bigcirc	\circ	\circ
Medicaid/CHIP managed-care patients (in-network specialists only)	0	0	٥	0	0
Medicare patients	\circ	0	0	0	\circ
Privately insured patients	0	0	0	0	0





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Telehealth services

13. As you may know, many states and private insurers enacted temporary policies related to telehealth during the pandemic in order to improve accessibility to and reimbursement for telehealth services. If these temporary rules related to telehealth <u>do not</u> remain in place, do you expect that your health center will increase, maintain, or decrease the use of telehealth services from <u>current</u> levels?
Not applicable, we do not currently use telehealth
○ Increase
Maintain current levels
Decrease
O Don't know





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	Major challenge	Minor challenge	Not a challenge	Not applicable
Inadequate reimbursement for telehealth services generally	0	0	0	•
Inadequate reimbursement for audio-only or telephonic telehealth services	0	0	\circ	0
Lack of funding for purchasing telehealth equipment	0	0	0	0
Costs associated with operating a telehealth program, excluding purchasing equipment (maintaining equipment, insurance, network connection, etc.)	0	0	0	0
Lack of comfort using telehealth technology among providers	0	0	0	
Lack of comfort using telehealth technology among patients	0	0	\circ	0
Lack of internet access among <u>providers</u> or your health center	0	0	\circ	0
Lack of internet access among <u>patients</u> (including limited phone data/minutes, no personal computer/phone)	0	0	0	0
Lack of training among providers	0	0	0	
Concerns about privacy and security	0	0	0	0
Other telehealth challenge	0	0	0	









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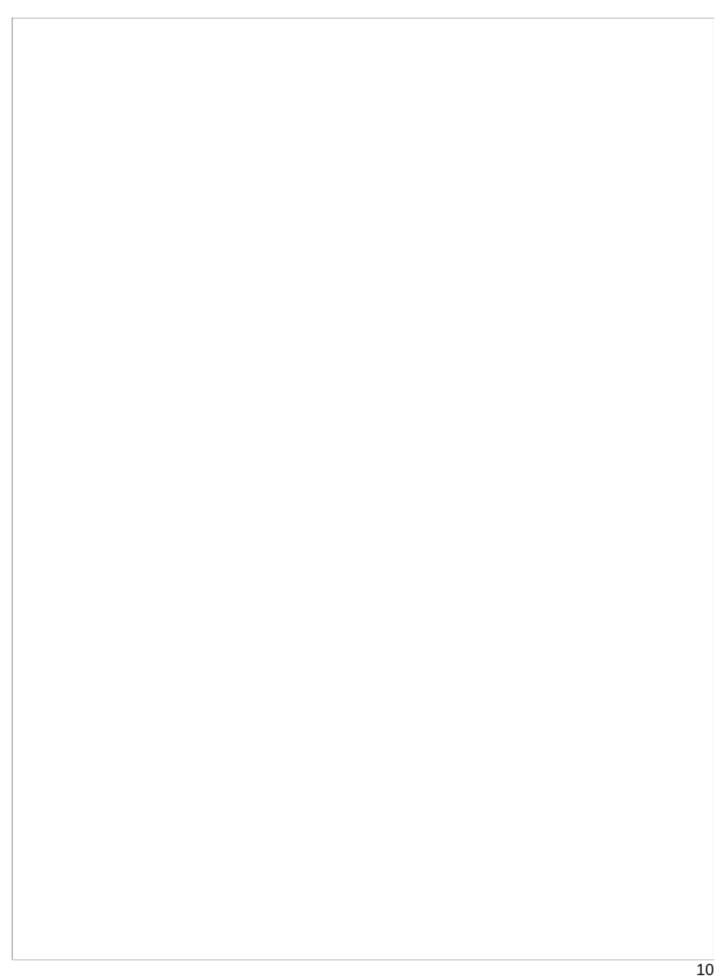
Social and supportive services

15. Compared to before the pandemic (approximately March 1, 2020), has your health center seen an increase, no change, or a decrease in the number of patients <u>currently</u> seeking the following services, either at your health center or through referral to other organizations?

If your health center does not provide or refer for the service category, please select "not applicable."

	Not applicable	Increased	Stayed about the same	Decreased	Don't know
Food and nutrition services	0	0	0	0	
Job placement services	0	\circ	0	0	\circ
Child care/Head Start	0	0	0	0	0
Housing services (housing placement, support paying utilities)	0	0	0	0	0
Transportation services	0	0	0	0	0
Domestic violence services	\circ	\circ	\circ	\circ	\circ
Legal services	0	0	0	0	0
Interpretation services	0	\circ	0	\circ	\circ

	Provide on-site	Provide through referral	Provide both on- site and through referral	Do not provide
hild care/Head Start	0	0	0	
riminal justice/recidivism prevention	0	0	0	0
omestic violence services	0	0	0	
ducation	0	\bigcirc	0	0
ob training	0	0	0	
ob search and placement	0	0	0	0
ealthy foods (food pantry, meal delivery)	0	0	0	0
NAP, WIC, or other nutritional assistance service	es 🔾	\bigcirc	0	0
lousing (includes housing assistance and quality	n 🔾	0	0	0
lealth literacy	0	\circ	\odot	\circ
hysical activity and exercise classes or support	0	0	\odot	
ransportation	0	\circ	\odot	0
	0	Ó	() () faces providing so	ocial and suppo
Transportation Legal services 17. Please indicate which challenges, services. (Check all that apply). Lack of reimbursement Insufficient grant funding (including com Managing relationships with other comm Waiting lists for services or limited resources. Staffing shortages Increase in patient demand for services. Lack of physical space for services at this time.	if any, your health complexity of managing multinunity organizations arces of community organizations during the pandemic	enter <u>currently</u> (faces providing so	ocial and suppo







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Medicaid continuous coverage policy

This section asks questions about the current Medicaid continuous coverage requirements, also

known as maintenance of eligibility (MOE) requirements. As part of the Families First Coronavirus Response Act (FFCRA), state Medicaid agencies must maintain continuous coverage for Medicaid enrollees in order to receive an enhanced federal match on Medicaid spending. Generally, the Medicaid MOE requirements prohibit Medicaid agencies from disenrolling beneficiaries until the end of the month in which the public health emergency (PHE) ends.
18. Has your health center received any information from your state, either directly or through your state Primary Care Association (PCA), regarding how the state is preparing for the termination of the Medicaid maintenance of eligibility (MOE) requirements, or not?
○ Yes
○ No
On't know

	Currently taking action	Planning action
Have not taken or are not planning any actions (if so, please do not select other options)		
Identifying all patients at risk of losing Medicaid coverage and flagging their chart for reminders		
Sending reminders to patients regarding need to renew coverage		
Scheduling advance appointments to assist patients with renewing coverage		
Hiring additional outreach and enrollment staff		
Increasing existing staff time on enrollment assistance		
Coordinating with legal services organizations to assist patients with appealing coverage terminations		
Other action		





20. For each of the following services, please indicate if your health center has newly offered any of these





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Mental health and substance use disorder services

services in-person, virtually, or not at all since before the pandemic (approximately March 1, 2020).						
	Did not <u>newly</u> <u>offer</u> this service during the pandemic	Added only in- person services	Added only virtual services	Added both in- person and virtual services	Don't know	
Individual therapy	0	0	0	0	0	
Group therapy	\circ	\circ	\bigcirc	\circ	\circ	
Recreational therapies	0	0	0	0	0	
Support groups	\circ	\circ	\circ	0	\circ	
Offering <u>medications</u> as part of medication-assisted treatment (MAT) for substance use disorder	0	0	0	0	0	
Offering <u>counseling</u> as part of medication-assisted treatment (MAT) for substance use disorder	0	0	0	0	0	
Other mental health or substance use disorder service	0	0	0	0	0	
Other mental health or substance use disorder service (please specify)						

	Which of the following challenges, if any, does your health center <u>currently</u> face in providing <u>substance use</u>
disor	rder (SUD) services, including medication-assisted treatment (MAT) services? (Check all that apply).
	Not applicable – our health center does not provide substance use disorder services (if selected, please do not select other options)
	Lack of reimbursement
	Staffing shortages
	Patient concern/unwillingness to attend in-person office visits
	Inability to hold group counseling sessions due to social distancing restrictions or other reasons
	Limits on use of telehealth for SUD services
	Patients unable to access SUD services through telehealth (e.g., lack of internet access/computers or privacy at home)
	Difficulty scheduling the frequent appointments required for patients to receive their MAT medications
	Limits on ability to prescribe MAT medications
	Provider concern about diversion of MAT medications
	Stigma associated with receiving SUD services
	Lack of physical space
	Other barrier to providing SUD services (please specify)
	None of the above, our health center does not currently face any challenges that limit our ability to provide substance use
	disorder services, including MAT

Not applicable – our health center does not provi	ide mental health services (if se	ected, please do not	select other options
Lack of reimbursement		-	
Staffing shortages			
Patient concern/unwillingness to attend in-persor			
Inability to hold group counseling sessions due to	_	r other reasons	
Limits on use of telehealth for mental health serv			
Patients unable to access mental health services	s through telehealth (e.g., lack o	f internet access/con	nputers or privacy at
Difficulty scheduling appointments			
Stigma associated with receiving mental health s	services		
Lack of physical space			
Other barrier to providing mental health services	(please specify)		
	nately March 1, 2020), ha	s your health cer	
services Compared to before the pandemic (approxin	nately March 1, 2020), ha pioid use disorder, or not?	s your health cer	nter seen an
services Compared to before the pandemic (approxing rease in patients with the following types of o	nately March 1, 2020), ha	s your health cer	
services Compared to before the pandemic (approxing rease in patients with the following types of one of the pandemic (approxing rease in patients with the following types of one of the prescription opioid use disorder?	nately March 1, 2020), ha pioid use disorder, or not?	s your health cer	nter seen an
services Compared to before the pandemic (approxing rease in patients with the following types of one of the pandemic (approxing rease in patients with the following types of one of the prescription opioid use disorder?	nately March 1, 2020), ha pioid use disorder, or not?	s your health cer	nter seen an
compared to before the pandemic (approxing rease in patients with the following types of on the prescription opioid use disorder? The non-prescription opioid use disorder? The non-prescription opioid use disorder? The non-prescription opioid use disorder?	nately March 1, 2020), ha pioid use disorder, or not? Yes	No	Don't know
compared to before the pandemic (approxing rease in patients with the following types of or the pandemic patients with the following types of or the prescription opioid use disorder? The non-prescription opioid use disorder? All Does your health center provide medications and opioid use the provide medication opioid use disorder on-site, or not? Yes, we provide MAT medications and opioid use	nately March 1, 2020), hat pioid use disorder, or not? Yes ion-assisted treatment (March all and a sistematical properties).	No No AT) medications	Don't know
compared to before the pandemic (approxing rease in patients with the following types of on the prescription opioid use disorder? The non-prescription opioid use disorder? The non-prescription opioid use disorder? The non-prescription opioid use disorder?	nately March 1, 2020), hat pioid use disorder, or not? Yes ion-assisted treatment (March all and a sistematical properties).	No No AT) medications	Don't know
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services Compared to before the pandemic (approxing rease in patients with the following types of or in patients with the following types of or interest in patients with the following types or interest in the following types	nately March 1, 2020), hat pioid use disorder, or not? Yes ion-assisted treatment (March all and a sistematical properties).	No No AT) medications	Don't know





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Health centers' provision of opioid use disorder treatment se	ervices		
25. For each of the following opioid use disorder (OUD) medications provides it on-site or not.			
	Yes	No	Don't know
Methadone	0	0	0
Buprenorphine (brand names include Suboxone, Zubsolv, and Subutex)	\bigcirc	0	\circ
Naltrexone (brand names include Vivitrol and ReVia)	\odot	0	
26. Does your health center <u>currently</u> have the capacity to treat opioid use disorder? Yes, we have capacity to treat <u>all</u> patients who seek MAT services No, we <u>do not</u> have capacity to treat <u>all</u> patients who seek MAT services Don't know	on-site all pat	ients who seel	k MAT services fo





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27. Does your health center participate in the 340B drug discount program, or not?
∵ Yes
○ No
O Don't know





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28. Does your health center contract with any outside (contract) pharmacies to provide 340B drugs, or not? A contract pharmacy is a pharmacy that is not part of the same legal entity as your health center and that dispenses drugs on your health center's behalf. Your health center is responsible for 340B compliance at all contract pharmacy sites. Yes No Don't know
29. Have pharmaceutical manufacturers' restrictions on 340B drugs and those dispensed through outside (contract) pharmacies had no effect, a positive effect, or a negative effect on your health center's revenues?
Negative effect
○ No effect
O Positive effect
O Don't know
Not applicable, our health center does not contract with any outside (contract) pharmacies to dispense 340b drugs
30. Have pharmacy benefit managers (PBMs) paying lower rates to 340B-qualified entities than to non-340B entities had no effect, a positive effect, or a negative effect on your health center's revenues?
Negative effect
○ No effect
O Positive effect
On't know
Not applicable, the PBMs that we contract with are not paying lower rates

31. Have state Medicaid changes that shift the pharmacy benefit from Medicaid managed care programs to
fee-for-service Medicaid had no effect, a positive effect, or a negative effect on your health center's revenues?
Negative effect
No effect
Positive effect
On't know
Not applicable, our state has not shifted the Medicaid pharmacy benefit from Medicaid managed care to fee-for-service Medicaid





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	Top challenge	Second top challenge	Third top
No challenges (if selected, please do not select any other options)	0	0	\odot
Recruiting new employees	\circ	\bigcirc	\bigcirc
Retaining current employees	0	0	\odot
Decreased patient visits	\odot	\bigcirc	\odot
Increased demand for services	0	0	\odot
High number of uninsured patients	\odot	\circ	\odot
Increase in uncompensated care	\circ	0	\odot
Changes to Medicaid eligibility criteria (including Medicaid maintenance of eligibility [MOE] requirements)	0	0	\circ
Insufficient insurance reimbursement	0	0	0
Changes to the 340B Program	\circ	\bigcirc	\bigcirc
Insufficient grant funding	0	0	\odot
Competition from other providers	\circ	\bigcirc	\bigcirc
Increasing costs to operate health center due to COVID-19	\odot	0	\odot
Increasing costs to operate health center for reasons other than COVID-19	\circ	\circ	\odot
Inadequate physical space	0	0	\odot
Other challenge	\circ	\circ	\odot
ther challenge (please specify)			

* 33. Your responses to this survey will be used only in the aggregate with other health centers' responses unless you consent for the National Association of Community Health Centers (NACHC) to share your complete response to this survey with your state's Primary Care Association (PCA). Do we have permissio for NACHC to share your complete response to this survey with your state's Primary Care Association?	n
○ Yes	
○ No	
Please ensure you click the "Done" button to	
record your answers.	
Thank you for completing this survey!	