

REQUEST FOR APPROVAL OF PILOT OF THE HCAHPS/SHEP SATISFACTION SURVEY INSTRUMENTS, VA FORMS OF THE 10-21083(NR) SERIES

2900-New

A. Justification

1. **Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.**

The mission of VHA is to provide high quality medical care to eligible veterans. Executive Order 12862, Setting Customer Service Standards, dated September 11, 1993, calls for the establishment and implementation of customer service standards, and for agencies to “survey customers to determine the kind and quality of services they want and their level of satisfaction with current services”. Federal law, 38 U.S.C. Section 527, requires the Secretary of Veterans Affairs to evaluate programs and provision of services to beneficiaries. In response to these directives, VHA conducts both centrally and locally administered surveys to determine the level of satisfaction with existing services among VHA's customers. The surveys solicit voluntary opinions and are not intended to collect information required to obtain or maintain eligibility for a VA program or benefit.

Executive Order 12862 also calls on Agencies to “benchmark customer service performance against the best in business”. The Joint Commission on the Accreditation of Hospital Organizations (JCAHO) is poised to adopt the Hospital Consumer Assessment of Health Plan Survey (HCAHPS) as a national standard survey for inpatients and VA needs to conform with private sector surveys to the extent possible so that VA can have a means of comparing customer service performance with comparable non-VA healthcare facilities nationwide. On December 12, 2005, OMB approved the HCAHPS survey instrument for use by the Agency for Healthcare Research and Quality (AHRQ) under approval number 0938-0981. However, before Veterans Health Administration (VHA) implementation, it is necessary to test the possible consequences of using the HCAHPS alone versus in combination similar questions on the existing Veterans Health Administration (VHA) Survey of Healthcare Experiences of Patients (SHEP) Inpatient survey (approved under 2900-0227). The SHEP contains a broader range of questions mandated by Congress. A series of five pilots is proposed to develop the future patient satisfaction survey for hospitalized veterans.

After the results of these pilots have been analyzed and a decision made, VHA will furnish OMB an updated inpatient survey (2900-0227) via OMB 83-I.

2. **Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.**

Pilot results will determine content and survey methods for future rounds of customer satisfaction surveys. VHA proposes a five-part piloting of the HCAHPS survey instrument to better understand how this questionnaire (either alone or combined with all or part of VHA's current inpatient questionnaire) will perform in measuring patient satisfaction, and what will be the effect on response rate. In addition, we intend to determine how the HCAHPS sampling methods work in the population of Veteran inpatients, and how those results may differ from current methods. This pilot study is designed to obtain baseline results on how veteran patients

respond to healthcare related questions using the HCAHPS survey, and modified versions as compared to responses to similar questions on the existing Survey of Healthcare Experiences of Patients (SHEP) Inpatient survey (approved under 2900-0227), to identify and test methods for maintaining the ability to validly trend performance results should VHA pursue adopting HCAHPS as the standard survey for inpatients. The purpose of the pilots is to prepare VA to conform to future AHRQ standards for Medicare claims. The purpose of these patient satisfaction surveys is to determine how to improve services, customer satisfaction with existing services and how or if customer satisfaction has changed in response to reengineering efforts. The results will be used by management at all levels as a tool for assessing and improving the quality of services being provided to patients. Patient satisfaction scores are part of the evaluation system for senior VHA managers.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

The short term nature of this pilot and its limited scope make the use of automated, electronic, mechanical, or other technological collection techniques too costly to implement. Additionally, it is the position of VHA, based upon contractor feedback, that electronic submission of satisfaction surveys may corrupt the statistical validity of the data. Since individual patients complete the responses in their homes, there is no way to utilize technology to decrease the respondent burden other than posting the form on the Internet.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The information to be gathered from these pilot surveys as a whole is unique and not available from any other sources with the appropriate level of specificity required.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

No small businesses or other small entities are impacted by this information collection.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.

Conducting the pilot study of the various versions of the HCAHPS and Inpatient SHEP surveys will enhance the VHA's ability to understand differences in response patterns between the different pilot groups and interpret possible changes in performance scores and response rates, and identify changes that can be attributed to differences in the survey instrument versus those that can be attributed to improved system performance. The burden consists only of that information which is essential to maintain the validity and support the goals of the Executive Order. Given that the private sector of healthcare plans to adopt HCAHPS and that JCAOH may

require HCAHPS to evaluate care for non-VA inpatient healthcare, the VA needs to be prepared to compare our data with outside agencies.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no special circumstances that require the collection of information to be conducted in a manner that is inconsistent with the guidelines in 5 CFR 1320.6.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on July 13, 2006 (Volume 71, Number 134, Page 39704). We received no comments in response to this notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances, which preclude consultation every three years with representatives of those from whom information is to be obtained.

VA, through the office of Quality and Performance, has expert staff available for advising, consulting, and working with individual facilities regarding local survey efforts. We are working in close concert with AHRQ, the originators of the HCAHPS survey. In addition, there are a number of private sector and educational institutions that concentrate on satisfaction surveying which are available as external resources to all agency employees. These are utilized whenever necessary.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There are no plans to provide payments or gifts to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

These surveys are anonymous. Names and personal identifiers will be used to locate survey participants and will thereafter be stripped from any files as well as reports.

Each patient who participates is assured confidentiality. It is recognized that the survey must be completely voluntary to provide reliable results. Survey instructions to patients specify and underscore that responding to the survey is completely voluntary, confidential, and will have no effect on entitlement to or eligibility for VA medical benefits, and that the form does not need to be signed. The patient completes the questionnaire anonymously (giving neither name nor social security number). All returned survey documents are destroyed once the dataset created from those documents has been validated. In the many years that the VA has been conducting similar types of surveys, there has never been a single complaint by a veteran concerning a violation of this confidentiality pledge. Since the responses are not individually identifiable, there is no need to store or process these forms in accordance with the Privacy Act. Nonetheless, the VA adheres to 38 U.S.C., Section 3305, which mandates the confidentiality of medical quality-assurance records.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature.

12. Estimate of the hour burden of the collection of information:

a. The annual burden is estimated at 3,625 hours. The details are shown below:

Target Sample	Respondents	Minutes	Equals	Divided by 60	Annual Burden Hours
Pilot 1: HCAHPS survey - 10-21083a(NR)					
2,900	1,450	15	21,750	60	362.5
Pilot 2: HCAHPS survey plus SHEP items not covered in HCAHPS – 10-21083b(NR)					
2,900	1,450	30	43,500	60	725
Pilot 3: HCAHPS and full SHEP Inpatient survey – 10-21083c(NR)					
2,900	1,450	45	65,250	60	1,087.5
Pilot 4: Current SHEP Inpatient document in 2 column format – 10-21083d(NR)					
2,900	1,450	30	43,500	60	725
Pilot 5: Current SHEP Inpatient document in 1 column format – 10-21083e(NR)					
2,900	1,450	30	43,500	60	725
TOTAL	14,500	7,250	217,500	60	3,625

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.

The separate burden hour for each form is shown in subparagraph 12a.

c. **Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14 of the OMB 83-I.**

The cost to the respondents for completing these forms is \$54,375 (3,625 hours x \$15 per hour). We do not require any additional recordkeeping.

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- a. There are no capital, start-up, operation or maintenance costs.
- b. Cost estimates are not expected to vary widely.
- c. There are no anticipated capital start-up cost components or requests to provide information.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The cost to the government will be comprised of the following items:

- a. A contractor has quoted a figure of \$102,900 to print, mail, collect, and scan the survey for data entry. They will also develop and deliver the analysis data set to OQPDC.

One GS 14/5 analyst and one GS 13/5 analyst will perform the analysis and prepare the report.

FEDERAL GOVERNMENT PROCESSING /ANALYZING COSTS				
	NUMBER	HOURLY SALARY	HOURS EACH	TOTAL
CONTRACTOR CHARGES				
Print, Mail, Collect and Tabulate Surveys				\$102,900
ANALYSIS				
1 GS 14/5	1	\$42.24	80	\$3,379
1 GS 13/5	1	\$35.75	80	\$2,860
TOTAL				\$109,139

15. Explain the reason for any program changes or adjustments reported in Items 13 or 14 of OMB 83-I

This is a new collection so all burden hours are considered a program increase.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

Results of the pilot study will be analyzed by Office of Quality Performance (OQP) staff to assess the performance of each of the 5 versions of the survey, and 2 different sampling methods, in the veteran population. Management decisions about the relative performance of the five different survey instruments will be based primarily on the response rate achieved and on the positive score percentage on overall satisfaction. In addition, individual item response rates will be analyzed. There are no plans to publish any results of this study at this time.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

VA continues to seek to minimize its cost to itself of collecting, processing and using the information by not displaying the expiration date. Therefore, we request an exemption that waives the displaying of the expiration date on VA Forms. Inclusion of the expiration date would place an unnecessary burden on the respondent as we have found that the term “expiration date” confuses respondents.

18. Explain each exception to the certification statement identified in Item 19, “Certification for Paperwork Reduction Act Submissions,” of OMB 83-I.

There are no such exceptions.