

**SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-xxxx
NATION-WIDE CUSTOMER SATISFACTION SURVEYS**

VA Form 10-1465-1, Survey of Healthcare Experiences of Patients Recently Discharged (Inpatient) long form; VA Form 10-1465-2, Inpatient short form; VA Form 10-1465-3, Ambulatory Care, long form; VA Form 10-1465-4, Ambulatory Care short form.

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 Survey of Health Experience of Patients (SHEP) has been developed to measure patient satisfaction in the Veterans Health Administration, and has been in use in its present form since 2002. SHEP has most recently been conducted under OMB approval 2900-0227, which was renewed on October 17, 2006 for a period of three years.

The mission of the Veterans Health Administration (VHA) is to provide high quality medical care to eligible veterans. Executive Order 12862, 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”.

At this time, HCAHPS is approved by OMB for use by the Center for Medicare and Medicaid Services (CMS), a US government agency, for use in measuring patient satisfaction among patients of hospitals that accept Medicare reimbursement. The OMB Control number for this use is 0938-0981. However, HCAHPS is not yet approved for use in the VHA population.

Neither the CAHPS Health Plan survey, nor the CAHPS Clinician and Group survey is approved by OMB for use by government agencies. However, both of these ambulatory care surveys have undergone extensive testing and validation in a variety of populations. Their psychometric properties are well documented.

The short form, (10-1465-2) or core inpatient SHEP will be comprised of 53 questions. This form will be sent to 90% of each monthly sample. The short form inpatient SHEP will be comprised of with a burden of 15 minutes:

1. Satisfaction - HCAHPS
2. Patient perceptions of safety and satisfaction with Environment of Care in hospital settings
3. Patient Complaints

A long form of the inpatient SHEP (10-1465-1) will be mailed to ~10% of the sample, and will consist of 80 questions with a burden of 20 minutes. The long form will contain the following elements:

1. Satisfaction - HCAHPS
2. Patient perceptions of safety and satisfaction with Environment of Care in hospital settings
3. Patient Complaints
4. Functional outcomes (SF-12 (Veteran modification))
5. Healthy behaviors (HEDIS Smoking measures and Audit C)
6. Spirituality

SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-XXXX NATION-WIDE CUSTOMER SATISFACTION SURVEYS

The short form (10-1465-4), or core outpatient SHEP will be comprised of 62 questions with a burden of 20 minutes. This core version will be sent to 90% of each monthly sample, and will be comprised of:

1. Satisfaction – Questions from CAHPS Health Plan 3.0, Health Plan 4.0, and Clinician and Group Surveys
2. Patient perceptions of safety and satisfaction with Environment of Care in clinic settings
3. Patient Complaints

A long form of the outpatient SHEP (10-1465-3) will be mailed to 10% of the sample, and will consist of 88 questions with a burden of 25 minutes. The long form will contain:

1. Satisfaction - Questions from CAHPS Health Plan 3.0, Health Plan 4.0, and Clinician and Group Surveys
2. Patient perceptions of safety and satisfaction with Environment of Care in clinic settings
3. Patient Complaints
4. Functional outcomes (SF-12 (Veteran modification))
5. Healthy behaviors (HEDIS Smoking measures and Audit C)
6. Satisfaction with influenza vaccination (October through March)

Each of these key elements of care will be collected concurrently on a monthly basis in separate surveys of two key patient populations, i.e., inpatients (recently discharged) and outpatients who have had a recent clinic visit (ambulatory care). Each sample size will be sufficient to allow for valid statistical results at the national, network and facility levels. Sample sizes for the non-satisfaction questions on the long forms have been calculated to provide valid estimates at the network or national level only. Data for each survey will be analyzed and posted on the OQP Web Site for field use (quarterly for outpatients and semi-annually for inpatients), or posted as special reports. The intent is to develop relational data that will allow us to conduct powerful, selected, cohort analyses. De-identified, unadjusted survey results will be posted in the contractor's web page for rapid access by local VA facilities.

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.

The overall purpose of the VHA Office of Quality and Performance SHEP Survey Program is to systematically obtain information from patients that can be used to identify problems or complaints that need attention and to improve the quality of health care services delivered to Veterans. Information obtained from the SHEP Program is one component of a larger Network Directors Performance Agreement system in VHA that culminates in the annual Network Performance Report. Results of each of the customer satisfaction surveys are made readily available to VA Central Office (VACO), Veterans Integrated Service Network (VISN), VHA field staff, and stakeholders as part of the Network Performance Report and via the VA Intranet. Data is used to demonstrate that VA is providing timely, high quality health care services to patients and to measure improvement toward the goal of matching or exceeding the non-VA external benchmark performance. Each VISN has designated a Quality Management Officer (QMO) that is responsible for acting as a resource for field staff for explanation of the data and for determining where opportunities for improvement of services exist.

a. Customer Feedback information is provided to VA medical center staff, VACO management, and others interested in the quality of medical services provided to VA patients. The survey results for each

**SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-XXXX
NATION-WIDE CUSTOMER SATISFACTION SURVEYS**

center are used as a local management tool for assessing and improving the quality of services being provided to their patients.

b. VACO management receives system-wide and VISN specific aggregated data, permitting longitudinal trend analysis of changes over time. Information obtained through this survey is useful at all levels to plan and redirect resources and efforts to improve or maintain a high quality of care to VA beneficiaries. If this information is not collected, vital feedback regarding patients' treatment by providers, related services, and patient-staff communication will not be available.

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.

To meet the goals of the Government Paperwork Elimination Act (GPEA), the contractor, Synovate, has agreed to implement a web-based access system for veterans to input SHEP surveys. Recipients will be directed to the SHEP website by both the pre-note and the cover letter. OQP is presently piloting this approach with a special survey, and will soon have an estimate of utilization of this web-based access system. It is anticipated that the implementation of this system will eventually save the government money, in that fewer mailings and returns will be required to accurately measure and report patient perceptions of VHA care and service at the point of care delivery.

4. Describe effort 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.

There is no information currently being systematically collected that can be used for this purpose. Although there are many small local patient satisfaction surveys largely focused on a specific part of the Medical Center, these do not permit system-wide and VISN specific aggregated data, or longitudinal trend analysis of changes over time. Furthermore, local surveys would not be a reliable basis from which to develop national policies, establish performance targets, or make reliable, valid non-VA comparisons, as required by the Executive Order.

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.

If VHA is unable to substitute the HCAHPS instrument for the VHSS, the collection of customer satisfaction information will cease. VHA would be unable to measure satisfaction with VHA healthcare, and would therefore become noncompliant with Executive order 12862. However, VHA has implemented a plan to exercise emergency quarter-by-quarter awards to NRC Corporation to continue collecting patient satisfaction using the NRC-Picker instrument.

**SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-XXXX
NATION-WIDE CUSTOMER SATISFACTION SURVEYS**

Less frequent collection would reduce the VHA's ability to both effectively track progress toward national and local performance goals, and identify potential negative trends in a timely fashion, at all levels of the system.

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.

Because VHA facilities need up-to-date results to manage the customer service programs for facilities, SHEP is collected monthly on a rolling basis. There are no such special circumstances requiring responses in fewer than 30 days. OQP ensures that no individual is eligible for random selection in any survey project more often than once in any 12-month period. Eligibility for selection is determined by several factors, so eligibility does not guarantee selection into any given sample, and participation in the survey is completely voluntary.

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 October 24, 2007, Volume 72, Number 205, Page 60406-60407. 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 record keeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances that preclude consultation every three years with representatives of those from whom information is to be obtained.

Considerable input on the use of HCAHPS has been obtained from the Agency for Healthcare Research and Quality (AHRQ) and from other federal healthcare agencies now using HCAHPS and CAHPS, such as CMS and DOD. In addition, input has been obtained from Synovate Corporation.

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

No payment or gift is provided to respondents.

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

**SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-XXXX
NATION-WIDE CUSTOMER SATISFACTION SURVEYS**

Each patient who participates is assured confidentiality. It is recognized that the survey must be completely voluntary in order 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) and returns it to the contractor collecting data for OQP. 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 U.S.C. 38, 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 asked of a sensitive nature concerning topics such as sexual behavior, religious beliefs, or similar type subjects.

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

a. Annual respondent burden is computed on this basis as follows:

FORM NUMBER	RESPONDENTS	RESPONSES	ELEC	BURDEN	HOURS
10-1465-1	7,500	7,500	0	20	2,500
10-1465-2	67,500	67,500	0	15	16,875
10-1465-3	23,524	23,524	0	25	9,802
10-1465-4	202,720	202,720	0	20	67,573
	301,244	301,244	0	80	96,750

b. **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.**

The cost to the respondents for completing these forms is \$1,451,250 (96,750 hours X \$15 per hour). We do not require any additional record keeping.

13. Provide an estimate of the total annual cost burden to respondents or record keepers 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. The only cost is that for the time of the respondent.
- c. There are no anticipated capital start-up cost components or requests to provide information.

**SUPPORTING STATEMENT FOR REQUEST FOR MODIFICATION OF -- 2900-XXXX
NATION-WIDE CUSTOMER SATISFACTION SURVEYS**

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 is \$12,065,619.02 to the vendor for printing, mailing, and collecting the data.

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

The purpose of this submission is to request OMB approval, under a new clearance, of data collection previously contained in 2900-0227. These voluntary customer service surveys fulfill the requirements of Executive Order 12862. This submission meets the conditions of the terms of clearance (dated October 17, 2006) to decouple the SHEP surveys from other surveys. Therefore all program changes are new.

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 customer satisfaction surveys are made readily available to VACO, VISN, VHA field staff, and stakeholders via the VA Intranet and in executive summary reports. Upon request, information will be made available to concerned program officials, OMB, Congress, veterans' service organizations (VSO's), the news media, and interested citizens through the Freedom of Information Officer.

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

We are not seeking to omit the expiration date from survey forms. Expiration dates will be placed on the forms upon receipt of OMB approval, and its associated expiration date.

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 exceptions.