SUPPORTING STATEMENT FOR SURVEY OF VETERAN ENROLLEES "QUALITY AND EFFICIENCY OF VA HEALTH CARE" VA FORM 10-21088 OMB CONTROL NUMBER 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.

On August 22, 2006, President Bush Signed An Executive Order 13410 To Help Increase The Transparency Of America's Health Care System - Empowering Americans To Find Better Value And Better Care. Section 1 of the Executive Order "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs states "It is the purpose of this order to ensure that health care programs administered or sponsored by the Federal Government promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees, and providers. It is the further purpose of this order to make relevant information available to these beneficiaries, enrollees, and providers in a readily useable manner and in collaboration with similar initiatives in the private sector and non-Federal public sector. Consistent with the purpose of improving the quality and efficiency of health care, the actions and steps taken by Federal Government agencies should not incur additional costs for the Federal Government."

The Department of Veterans Affairs, Veterans Health Administration (VHA) agreed to implement a program measuring the quality of services supplied by health care providers to the beneficiaries of the VHA. The VHA will provide to the beneficiaries and providers a facility level report that details the level of quality being provided in a readily usable manner. In accordance with Title 38, Part I, Chapter 5, Section 527, requires the Secretary of Veterans Affairs to evaluate programs and provision of services to beneficiaries, and 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", VHA requests the ability to obtain feedback by survey and/or focus groups for the purposes of determining if the project is meeting the objectives and intent set identified in Executive Order 13410, assessment of **the relevancy and usability of the information provided to beneficiaries, enrollees and providers on selected health care measures.** As additional measures are added or reports change, additional feedback will be needed.

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 Executive Order Communications Subgroup initiated a review with employees, volunteer service representatives and providers in four locations to review the suggested format of four initial measures and the meaningfulness of the report to the projected audience.

The program is based on the Physician Starter Set used by the Centers for Medicare and Medicaid Services (CMS) and the Ambulatory Care Quality Alliance (AQA). These measures provide information on various diseases and prevention measures. Examples are management of diabetes and heart disease. Based on the feedback received the subgroup formatted a preliminary report. It is expected that additional measures will be added to the report with time. With the additional measure there will be a need for

feedback from the veterans and providers on the format of the data presentation and the usability/meaningfulness of the report.

Two methodologies are proposed for ongoing review of patient satisfaction with reports and to determine utility, meaningfulness and validity of report:

- a. Survey not to exceed 200,000 veterans by mail, interview, or internet.
- b. Focus groups held at four VA hospitals. At each location there will be 2 focus groups conducted of 10 participants. A focus group will he held for providers and the other for veterans.
- c. Surveys, interview or focus groups would occur no more frequently than one time per year.
- d. No prior collection has been obtained.
- 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.

A web based survey form will be developed to increase efficiency, reduce potential respondent burden, and minimize expenditures on behalf of VHA. We are exploring web sites that are preexisting, for example HealtheVet; however, not all veterans are enrolled in HealtheVet. Therefore, an alternate means of survey must be available to obtain feedback.

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.

Provider specifics reports for patient consumption are new in VA and other government agencies. There is no prototype for this type of information. Since the Executive Order directs a new activity for the VA, there is no duplicate information.

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.

The intended purpose of collecting this information is to ensure the project is responsive to the needs of the patient and to the legal requirement to release of information. It is anticipated that additional measures will be added annually. The information collected will help to provide lessons learned in order to determine necessary edits, additional measures, and/or additional information that are needed in order to meet the intent of the executive order.

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 such special circumstances.

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 August 5, 2008, (Volume 73, Number 151, Page 45528). 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.

Extensive literature research was done and no existing prototype for this type of information was found in government and public agencies. The pilot instrument used in the focus group were reviewed by the Executive Order Communications Subgroup consisting of VA leaders, physicians, nurses, clinical informatics, representation from the Office of Quality Performance Data Center (OQPDC) and VHA Privacy Office.

- The availability of data sources
- Costs and timelines associated with obtaining veteran data
- Questions protocols for the focus groups, and questions for the survey of veterans and providers
- Disclosure of data
- The frequency of data collection

Ongoing involvement with subgroup will be incorporated into survey instrument. Outside consultation has also been conducted with the public through the 60- and 30-day Federal Register notices.

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 statue, regulation, or agency policy.

An assurance of strict confidentiality is made in the prologue appearing at the beginning of each survey. Respondents are assured that answers given will be kept confidential and be used for improvement of facility level reports that detail the level of quality being provided by VHA. The information that respondents supply is protected by law (the Privacy Act of 1974, 5 U.S.C. 522a and section 5701 of Title 38 of the United States Code). An assurance of strict confidentiality is verbally emphasized to participants in focus groups.

11. Provide additional justification for any questions of a sensitive nature (Information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), 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:

It is estimated that it will take 10 minutes for respondents to respond to the survey. A total of not exceed 200,000 surveys will be mailed out with an expected 40% to be returned (80,000). The number of respondents = $80,000 \times 10$ minutes to respond to survey = 800,000 burden minutes, divided by 60 minutes = 13,333 hours with each iteration estimated to occur annually. It is estimated that there will be two focus groups at 4 facilities to occur annually. Each focus group will be one hour in length and 10 participates per focus group, given a total of 80 participates. The number of participates = 80×60 minutes to respond to focus group questions = 4,800 burden hours. The total burden hours for the surveys and focus group would be 18,133.

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.

This request covers only one form, in order to successfully aggregate the data regardless of the methodology used to collect the information

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 interviews/forms is \$271,995per year. (Formula: Burden hours $(18,133) \times 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).

- There is no capital, start-up, operation or maintenance costs.
- Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent.
- 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 total cost to the Federal Government is estimated at \$656,740. The table below presents costs for conducting the surveys.

Cost Item	Salary per hour	Responses	Minutes	Divided by	Cost
Clerical	\$7.50	80,000	5	60	\$50,000
Processing					
Supervisory	\$18.00	800	1	60	\$240
Compliance					
Review					
Travel for					\$6,500
Focus Groups					
Cost of Mailing					\$600,00
&Returning					
Surveys or					
contract cost					
Total Cost					\$656,740

15. Explain the reason for any burden hour changes since the last submission.

This is a new collection and all burden hours are considered a program change.

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.

We do not plan to publish this data.

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 request approval to omit the expiration date for the OMB approval. Since this form is stocked at each field facility and the Forms and Publications Depot, displaying the expiration date would result in the waste of existing stock every three years. Therefore, VA seeks to minimize its cost to itself of collecting, processing and using the information by not displaying the expiration date. For the reasons stated, VA continues to seek an exemption that waives the displaying of the expiration date on the VA Form.

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.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

No statistical methods are used in this data collection.