uSPEQ® CONSUMER EXPERIENCE SURVEY (REHABILITATION)
VA FORM 10-0467
OMB 2900-XXXX

A. JUSTIFICATION

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

VA rehabilitation programs are committed to adopting the uSPEQ® Consumer Experience 2.0 Universal Questionnaire to assess outcome measures related to patient perceptions and perspectives regarding rehabilitation experiences. The uSPEQ® (pronounced ***you speak***) is a confidential, anonymous, and scientifically-tested consumer reporting system that gives persons served a voice in their services. A majority of Department of Veterans Affairs (VA) rehabilitation program offices serving special emphasis populations, have indicated an interest in using the uSPEQ® document as a survey of rehabilitation consumer experiences in their local, regional, and national programs. Currently, there is no existing survey model that is psychometrically sound and nationally benchmarked for survey of consumer experiences in VA rehabilitation programs. Implementation of uSPEQ® within VA rehabilitation programs is consistent with a recent recommendation by the VA Federal Advisory Committee on Prosthetics and Special Disabilities. VA recognizes that adoption of this survey provides a systems approach and benchmarking capability for patient assessed outcomes of care.

Use of uSPEQ with VA's rehabilitation populations is in conformance with the requirements of Executive Order 12862, dated September 11, 1993, and titled, "Setting Customer Service Standards," that calls for agencies to post customer service standards and measure results against those standards. It is VA policy (VHA Directive 2006-041) to comply with Executive Order 12862 and the Presidential Memorandum for Heads of Executive Departments and Agencies memorandum dated March 22, 1995, by establishing a unified and comprehensive set of rehabilitation consumer experience standards.

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 outcomes derived from uSPEQ are linked to national and international standards for rehabilitation. These outcomes are relevant to the areas of mental health, employment and community services, medical rehabilitation, and aging services. These outcomes and standards directly address many of the populations and services of concern to VA. Outcomes derived from consumer experience survey in VA rehabilitation programs will provide the information needed for continuous quality improvement, informed programmatic development, and rapid identification of rehabilitation program strengths and weaknesses.

VA is committed to providing specialized treatment and quality rehabilitation care to veterans with disabilities. Title 38, United States Code (U.S.C.), Chapter 17, Hospital, Nursing Home, Domiciliary, and Medical Care, is the medical care authority that directs the Department of Veterans Affairs (VA) to provide complete medical and hospital services for eligible veterans. These populations include, but are not limited to, those within VA's Special Emphasis Programs, including veterans with spinal cord injury and disorder (SCI&D), blindness or severe visual impairment, traumatic brain injury, amputation, serious mental illnesses, and those who are homeless. This commitment is supported through a system-wide, long-term joint collaboration with the Commission on Accreditation of Rehabilitation Facilities (CARF) to achieve and maintain national accreditation for all appropriate VA rehabilitation programs, thereby

helping to ensure that quality rehabilitation programs meet the unique needs of these veteran populations and provide a catalyst for improving the quality of life of veterans receiving services. A large portion of the specialized care required by these veteran populations is provided within VA's mental health and physical rehabilitation programs, which are delivered in a variety of settings. As one of its key strategic objectives, VA is committed to the enhancement of, and system-wide standardization of, the quality of care it provides.

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 described any consideration of using information technology to reduce burden.

The collection of uSPEQ Consumer Experience Survey uses electronic distribution of web-based (internet) questionnaires combined with the availability of paper-based, printed questionnaires when clinically indicated or necessary. This combination of distribution methods reduces respondent burden by allowing participant selection of the response medium most comfortable or accessible to the survey participant and this results in paperwork reduction and minimization of wasteful resources use. The timely and accurate electronic reporting of results and benchmarking information in conjunction with the provision of electronic or telephonic consultation and help desk support also results in paperwork reduction and minimization of wasted resources.

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.

There is no duplication of effort given a current absence of an existing survey model that is psychometrically sound and nationally benchmarked for surveying consumer experiences in local, regional, and national VA rehabilitation programs. Current surveys cannot identify rehabilitation cohorts within broader episodes of health care.

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.

VA would not be responsive to the needs of the patient and to the legal requirements noted above if information were collected less frequently. Timely and accurate electronic reporting of results and benchmarking information is essential to provide the information needed for continuous quality improvement, informed programmatic development, and rapid identification of rehabilitation program strengths and weaknesses.

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 February 24, 2009, Volume 74, Number 35, page 8307. No comments were received 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.

Outside consultation is 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.

The collection of uSPEQ Consumer Experience Survey is regarded as quality assurance information under 38 U.S.C. 5705. Quality assurance information is regarded as confidential and privileged under 38 U.S.C. 5705 (formerly 3305). The information on this uSPEQ Consumer Experience Survey is requested by the VA to assess veteran's perception of satisfaction with VA rehabilitative and health care. The information supplied will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which the participant may be entitled.

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:

Data Collection Activity	Number of Respondents	Frequency of Response per Year	Estimated Response Time	Estimated Annual Burden Hours
uSPEQ Survey	384,000	X 1	X 5 minutes ÷ 60	32,000

The cost to the respondents for completing these forms is **$480,000 (**32,000 Burden hours x $15 per hour).

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).

There is no anticipated recordkeeping burden.

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.

a. One-time set up fees of $288,000 for customization and training during the first year = $750 setup fee **x** 384 rehabilitation programs.

b. Annual subscriptions costs of $672,000 = $1,750 annual subscription fees **x** 384 CARF-accredited rehabilitation programs/organizations

The total cost to the federal government is $960,000.00.

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 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.

There are no plans to publish these 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.

Approval to omit the expiration date for the OMB approval is requested. Displaying the expiration date would result in additional costs and waste and would cause confusion to participants since the survey mailed proximate to the expiration date might be regarded as out-of-date by survey participants. Therefore, VA seeks to minimize its cost to itself of using the information by not displaying the

expiration date and seeks an exemption that waives the displaying of the expiration date on the uSPEQ Consumer Experience Survey. Additionally, older versions will be accepted, it is possible for a respondent to become confused when they see a form showing an expired OMB approval.

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.