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# Virtual Lifetime Electronic Record (VLER)

# Provider Survey Interviewer Guide

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone survey will lead to improvements in the quality of service delivery by helping to evaluate and improve VLER Health services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

# VA VLER Provider Survey Interviewer Guide

**Introduction**

Thanks for taking the time to talk to me today. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am here with \_\_\_\_\_\_\_\_\_\_\_\_. We are part of a contractor team that is supporting the Department of Veterans Affairs Virtual Lifetime Electronic Record or VLER program service. The VA (DoD – if applicable) and <Private Sector Partner name> are using VLER to enable the electronic exchange of patient health information between partner organizations. I am contacting you because your local VA/<Private Sector Partner name> is one of the locations where the VLER data exchange is being tested.

I am interested in your feedback about the VLER data exchange service and how it may have had an impact on your work. The entire survey should take about 10-15 minutes. All responses will be reported anonymously. You can choose to skip any question or stop at any time. Your responses will be used to assess and improve VLER service delivery.

Are you willing to participate in this telephone survey?

**QUESTIONS**

**Provider Characteristics**

I’d like to start with a few questions about your clinical practice.

1. Can you describe the clinical setting(s) in which you practice and your role in each?   
   [IF NEEDED: For example, outpatient, inpatient, general medicine, specialty, etc] (Patel, 2010; Hincapie, 2011)
   1. Estimated percentage of time in each setting?
2. How many years have you been in practice? (cite Patel 2010, Wright 2010)
3. How many years have you been using an electronic health record or EHR? (cite Patel 2010, Wright 2010)
4. How satisfied are you with CPRS/<name of local EHR system>?

**Attitudes & awareness of the VLER data exchange**

1. In general, what do you think about health information exchange? [IF NEEDED: Health information exchange is the electronic exchange of information from patients’ medical records between healthcare organizations]
   * [Skip to Q7, if respondent mentioned VLER in his/her answer]
2. Have you heard about the health information exchange between the VA and local hospitals (and the Department of Defense – if applicable), also known as VLER?
3. How did you learn about VLER?
4. Have you volunteered for any activities or special responsibilities related to VLER, such as a clinical champion?
5. What do you see as the benefits and/or drawbacks of VLER?
6. Do you trust the accuracy and completeness of the information you can access through VLER? Why or why not?
7. Do you feel that the accuracy and completeness of VLER data is better, worse, or about the same than other ways of sharing patient information between organizations, such as sending or faxing paper records and phone calls,?
8. How do you feel VLER affects the privacy and security of your patients’ health information as compared to other ways of sharing patient information between organizations, such as sending or faxing paper records and phone calls?
   * Note: Interviewer should probe until respondent provides a positive, negative, or neutral response – that is, VLER provides \*more, less, or about the same\* level of privacy and security for patients
9. Do you feel that VLER protects the privacy & security of your patients better or worse than other ways of sharing patient information between organizations, such as sending or faxing paper records and phone calls?
10. Have you viewed or attempted to view VLER data for the purposes of clinical care?
    1. What factors contributed to your decision(s) to view or not view VLER data?
       * Note: Be sure to understand which factors were motivating vs. not motivating.
    2. [If incentives are available in the respondent’s organization] Did the financial incentives available in your community motivate you to use VLER?

If the provider **HAS NOT** viewed VLER data:

Interviewer provides information about how providers are notified about the availability of VLER data and reinforces how to access it. **Skip to Patient Engagement section.**

If the provider **HAS** attempted to view VLER data:

1. Can you estimate how many times you have viewed or attempted to view VLER data?

* NOTE: Try to get a number or a way to calculate a number (e.g., every day for X days/months)

1. Did the fact that you viewed VLER data from a partner organization change or affect your:
2. Clinical decision-making?
3. Coordination and communication with other health care providers?
4. Workflow (before, during, or after the appointment)?
5. Communication with patients or anything else about the patient-provider relationship?

* NOTE: Be sure to understand if these effects are positive or negative.

1. Have you experienced any situations in which the VLER Health service was particularly valuable? If so, please describe.
   1. [If applicable] Probe if the patient being discussed is a DoD patient.

**Usability**

The next few questions focus on what it’s like to use the computer system to access VLER data. Please state whether you agree or disagree with the following statements and explain why:

1. I can easily identify when a patient has information available through VLER.
2. The data that are available through VLER are useful to me. [Interviewers can prompt with the types of content that are available.]
3. When I search for a patient’s data, the system returns information in an acceptable amount of time.
4. The VLER service is available when I need it.
5. I like the ways that VLER data are displayed.
6. It is a good use of my time to look up a patient’s information through VLER.
7. It was easy to learn how to access patient information using VLER. (CSUQ)
8. Overall, I am satisfied with the way the VLER service works. (CSUQ)

**Patient engagement**

The current VA/<Private Sector Partner> policy is that patients must sign a consent form to participate in the VLER. Because VLER Health is new, patients might have questions about how it works and whether or not they should participate.

1. Do you feel prepared to answer basic questions from your patients about VLER?
   1. Do you know where to refer patients if they have a question you cannot answer?
2. In the future, would you be willing to encourage patient participation? Why or why not?

**Suggested methods to increase use of VLER**

1. [For Private Sector Partners only] Are you currently receiving financial payments for using VLER?
   1. If YES: How motivating are they?
   2. If NO:
      1. Would they be motivating?
      2. What amount would be motivating?
2. During today’s interview, we discussed many aspects of VLER service including:

* Things you like and don’t like about the technical system,
* And the number of organizations and patients that are participating

Overall, what are the one or two changes to VLER that would provide the greatest motivation to use it more?

**Wrap up**

1. Is there anything else about VLER that you would like to share with VLER staff?

Thank you for your time.