

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 2900-0770)**

TITLE OF INFORMATION COLLECTION:

**Telephone Survey on User Experience and Satisfaction with the Virtual
Lifetime Electronic Record (VLER) Health Data Exchange Service**

PURPOSE:

Westat plans to conduct in-depth, semi-structured telephone survey interviews with users of the Virtual Lifetime Electronic Record (VLER) Health data exchange to assess user experience and satisfaction. The goal of VLER data exchange is to improve continuity of care for patients, and achievement of this goal is predicated on acceptance and use of VLER by providers and patients from all participating organizations. This qualitative analysis will assess provider satisfaction, the perceived usability and usefulness of the VLER system, as well as the effects of training designed to motivate use. It will also assess the Veteran experience with VLER Health.

This data collection effort is designed to collect timely feedback from users of the VLER system (i.e., healthcare providers and participating patients) in order to improve the quality of the VLER services. This data collection effort does not employ statistical rigor in its design or analysis. Results are intended to be used by the Department of Veterans Affairs for quality improvement purposes and are not intended to be published.

DESCRIPTION OF RESPONDENTS:

Healthcare providers, including physicians, nurses, laboratory managers, etc., are eligible to participate if they practice in a VLER Health Community (VHC) at a Private Sector Partner medical facility. Providers will be eligible to participate if they had a scheduled clinical encounter with a VLER patient between October to December 2011. Veterans will be eligible to participate if they are enrolled in the VLER Health data exchange program.

TYPE OF COLLECTION: (Check one)

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.

5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Tim Cromwell, PhD

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households (Healthcare providers)	110	15 min	27.5
Individuals or Households (Veterans)	110	15 min	27.5
Totals	220		55

FEDERAL COST: The estimated annual cost to the Federal government is approx. \$96,000

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[X] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

For the provider surveys, eligible providers (e.g., physicians, nurses, laboratory managers, etc.) will be identified using local appointment lists provided by the Private Sector Partner. Providers will be eligible to participate if they had a scheduled clinical encounter with a VLER patient between October to December 2011. Westat will survey a convenience sample of up to ten private sector providers per VLER Health Community (VHC).

For the Veteran survey, Veterans will be eligible to participate if they have enrolled in VLER. Eligible participants will be identified using the “Tracker Spreadsheet”, which is used by VA staff to track VLER enrollment. Westat will also refer to local appointment lists provided by the VA to identify Veterans whose health information may have been retrieved during a patient encounter. Westat staff will survey convenience sample of approximately ten participants per VHC depending upon interest and availability.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.