



PROJECT ARCH (Access Received Closer to Home) Non-Participating Veterans Survey

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

Project ARCH (Access Received Closer to Home) is a pilot program operated by the Department of Veterans Affairs (VA) that allows eligible Veterans to receive care from non-VA medical providers near their homes. According to our records, you are eligible to participate in Project ARCH, but have not received care through the program.

Your answers to the following short questionnaire will help VA understand the reasons why some Veterans have not participated in Project ARCH.

Your answers and feedback are important to help VA improve the pilot program. Participation in this survey is entirely voluntary and all information is strictly private to the extent of the law. Participation in this survey will not affect your VA medical care.

Please read each question and check the box that best describes your opinion, using blue or black ink pen. Please be sure to read all the pages of this questionnaire.

When answering the questions, think only about the reasons why you have not participated in Project ARCH.

Thank you very much!

INSTRUCTIONS

- Answer all questions below according to the instructions given. For question number 1 and questions 6-9, please check the box to the left of your answer. For questions 2 through 4, please check the box to the right that corresponds to your answer. For question numbers 5 and 10, please fill in your answer in the blanks provided.
- Please use black or blue ink pen.
- You are sometimes asked to provide further explanation in this survey. When this happens, you will see a blank line under the option "Other," like this:

Other (Please explain below)

Please explain further by writing on top of the blank line legibly.

INTRODUCTION

1. How did you first find out about Project ARCH? (select all that apply)
 - VA provider (from the doctor, nurse practitioner, PA, or other medical professional)
 - Project ARCH nurse care coordinator
 - Other VA staff
 - Project ARCH website
 - Project ARCH provider
 - Veteran Service Organization
 - Other Veterans
 - I have not previously heard about Project ARCH (Go To Question 6)

2. What Project ARCH information did you receive and was it useful?

- a. Letter, brochure or pamphlet
If yes, was it useful?
- b. Consent form
If yes, was it useful?
- c. Project ARCH staff contact information
If yes, was it useful?
- d. Project ARCH website address
If yes, was it useful?
- e. Verbal explanation from a VA staff member.
If yes, was it useful?
- f. Frequently Asked Questions (FAQ)
If yes, was it useful?
- g. Other (please explain below)

- If yes, was it useful?

| Yes | No | N/A |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REASONS FOR CHOOSING NOT TO ENROLL IN PROJECT ARCH

3. The table below lists statements that may be possible reasons for not receiving care through Project ARCH. Please tell us a little bit about how much these factors apply to you by checking the box that represents how much you agree with each statement.

| Reason for Not Enrolling in Project ARCH | Completely Disagree | Somewhat Disagree | Neither Agree or Disagree | Somewhat Agree | Completely Agree |
|--|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| A. I have an established, long term relationship with VA that I do not want to give up. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I have an established relationship with my VA medical provider that I do not want to give up. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The coordination of my medical care, labs, and records would be more difficult if I enrolled in Project ARCH. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I am satisfied with the care I get from VA doctors and hospitals and do not want to switch doctors or hospitals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I have other appointments that require me to travel to a VA Medical Center or clinic; Project ARCH would not save me travel time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I heard negative comments about Project ARCH <u>from other Veterans</u> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I heard negative comments about Project ARCH <u>from VA staff</u> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. I moved out of the eligibility area for Project ARCH. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. The doctors or hospitals offered to me were not conveniently located. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. I did not want to receive medical care from the doctors or hospitals offered to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. I can receive care sooner through VA than through Project ARCH. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Here are a few more possible reasons for not receiving care through Project ARCH. Please check the box that represents how much you agree with each statement.

| Reason for Not Enrolling in Project ARCH | Completely Disagree | Somewhat Disagree | Neither Agree or Disagree | Somewhat Agree | Completely Agree |
|---|---------------------|-------------------|---------------------------|----------------|------------------|
| A. I rely on the travel pay that I get for traveling to VA facilities for care. | | | | | |
| B. I have free transportation to the medical center or outpatient clinic; getting care close to home is not very important. | | | | | |
| C. I did not want to enroll in a short-term pilot program that will end after 3 years. | | | | | |
| D. It seemed like too much trouble to figure out the program. | | | | | |
| E. I was afraid I would lose all access to VA medical care if I enrolled in Project ARCH. | | | | | |
| F. I wanted to participate in Project ARCH, but never received follow-up information. | | | | | |
| G. Project ARCH physicians and hospitals do not understand how to provide care for Veterans. | | | | | |
| H. I use my Medicare or private insurance for most of the medical care I need. | | | | | |
| I. I was concerned that VA might bill me for care provided under Project ARCH that should be covered by VA. | | | | | |
| J. VA pays for the care I need at a non-VA facility or doctor near my home through "fee-basis" or another VA program | | | | | |
| K. I did not need any of the services offered through Project ARCH | | | | | |

5. Are there any other reasons we have not asked about that discouraged you from receiving care through Project ARCH? On the lines below, please describe your other reasons for not receiving care through Project ARCH (please print legibly).

ABOUT YOURSELF

6. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

7. In general, how would you rate your overall mental health?

- Excellent
- Very Good
- Good
- Fair
- Poor

8. Please select all that apply. Other than VA are you currently enrolled in:

- a) TRICARE YES NO
- b) Medicare YES NO
- c) Medicaid YES NO
- d) Civilian/Employer-Sponsored Health Insurance YES NO
- e) Private/Purchased Health Insurance YES NO
- f) VA only YES NO

9. Please select one that applies to you.

- I use VA for all my care
- I use VA for most of my care
- I use VA for some of my care

10. Is there anything else you would like to tell us that is related to Project ARCH?

THANK YOU

Your answers are important to help us improve access to care for Veterans like yourself. Thank you for completing this questionnaire. Please place the completed questionnaire in the postage-paid envelope provided to you. Simply place the envelope in any mailbox and the survey will be returned to:

Department of Veterans Affairs
C/o DataStat
3975 Research Park Drive
Ann Arbor, MI 48108