

VA DIALYSIS PILOT ACCESS TO CARE SURVEY

VA Form 10-10067

OMB FORM 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.

The Veterans Dialysis Pilot Program Review Act of 2014 (H.R. 3831) directs the Secretary of the VA to submit a report to Congress on the dialysis pilots that provides an independent analysis of cost, access to care, quality of care, and Veteran satisfaction. This Information Collection (IC) will allow VA to satisfy the Congressional request to conduct an independent analysis of access to care at the VA dialysis pilot centers.

A principal goal of the VHA Dialysis Pilot Project is to improve access to dialysis for Veterans. This Access to Care IC will include a consideration of access to care dimensions (e.g., travel distance), patient demographics, and socio-economic characteristics associated with Veteran use of the VA free-standing dialysis pilot centers. This IC will provide an independent assessment and analysis of barriers and facilitators that Veterans may experience while accessing the pilots. At the end of this assessment, a report will be developed that outlines the main findings from this IC and the impact VA free-standing dialysis centers have on improving Veteran access to dialysis care.

This IC will include quantitative data which will be collected using a survey instrument. A series of standardized measures will be used in a questionnaire survey format to collect quantitative data. A description of the concepts and measures are listed below.

Geographical access is defined as self-reported ease that Veterans experience traveling to their dialysis center. This component can be applicable to both congested urban locations and barriers with personal and/or public transportation.

Temporal access includes the self-reported time burden and temporal convenience of receiving dialysis services. It further relates to the extent to the convenience of the hours of operation of the dialysis center and whether or not the appointment time is acceptable.

Perceived digital access refers to the perceptions about the opportunity of a patient having digital interactions with their providers.

Demographics on Veteran's age, gender, race, and socioeconomic status (education, marital status, and employment status) will be collected via self-report.

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.

How the information is to be used:

Responses on the VA Dialysis Pilot Access to Care Questionnaire will be used to complete a report summarizing Veteran access to care at the VA dialysis pilots. The report will be used by VA to determine whether the VA free-standing dialysis pilot centers improved Veteran access to dialysis care. The report will be provided to Congressional committees as requested to satisfy the Congressional request for VA to conduct an independent analysis of access to care at the VA dialysis pilots.

By whom the information is to be used:

The information will be used by the Department of Veterans Affairs National Dialysis and Kidney Disease Program. The report produced by this IC may be provided to Congressional committees as requested.

For what purpose the information is to be used:

The information obtained through this IC will enable VA to determine whether the VA dialysis pilot centers have improved access to dialysis for Veterans.

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.

This assessment will not involve the use of automated, electronic, mechanical or other technological techniques. After carefully considering alternative options, improved information technology will not decrease the burden on the public.

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.

This Access to Care IC does not duplicate any information collected by the In-Center Hemodialysis CAHPS Survey, which is administered to Veterans enrolled in the pilot dialysis centers. No similar information is available in VHA to assess access to care at the pilot dialysis centers.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

This IC does involve any small businesses.

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 meet the Congressional requirement to conduct an independent analysis of Veteran access to care at the VA dialysis pilot centers if the IC is not conducted. As part of VA's efforts to improve access, this one-time information collection will allow VA to understand the experiences of our ESRD patients in getting dialysis services at the four dialysis pilot centers.

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 20, 2013 (Volume 78, Page 51276). 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.

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 privacy to the extent permitted by law provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

Each Veteran who participates is assured privacy on page 1 of the survey. The Veteran completes the questionnaire anonymously, giving neither name nor social security number. Since the responses are not individually identifiable, there is no need to store or process these forms in accordance with the Privacy Act. Nonetheless, VA adheres to U.S.C. 38, Section 3305, which mandates the confidentiality of medical quality-assurance records.

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:

a. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:

The 60 and 30 day Federal Register Notice inaccurately listed the burden hours at 50 hours due to a miscalculation. The actual burden hours will be 100 hours.

VA Form 10-10067	No. of respondents	x No. of responses	Equals	x No. of minutes	Equals	÷ by 60=	Number of Hours
Questionnaire	200	1	200	30	6,000		100
Total	200						100

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.

Total burden hours for the questionnaire are 100.

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.

According to the Department of Labor, in 2010, the median income for Veteran men was \$35,725 and the median income for Veteran women was \$30,540. This yields an average annual Veteran salary of \$33,133; which divided by 2,080 worked hours per year yields an average cost per hour of \$15.93. This yields a total respondent cost of \$1,593 (\$15.93 per hour multiplied by 100 total hours).

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).

- a. There are no capital, start-up, operation or maintenance costs.
- b. Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent.
- c. 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.

The estimated one-time cost to the Government for this IC is \$10,893. The details of the cost estimate are provided below.

Cost per survey (i.e. printing)	\$	0.50
Number of surveys printed		250
Survey cost	\$	125
Surveyor travel cost to four pilot centers	\$	4,000
Surveyor hourly rate (assume GS-13, step 5, Atlanta locality)	\$	47
Surveyor questionnaire hours (2 days at each of the four pilots)		64
Surveyor analysis of survey responses and completion of report		80
Total surveyor hours		144
Total surveyor cost	\$	6,768
Grand total	\$	10,893

15. Explain the reason for any burden hour changes or adjustments reported in items 13 or 14 of the OMB form 83-1.

The purpose of this submission is to request OMB approval for a new information collection. All program changes are new.

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.

Results of the Access to Care survey will be made available to VA staff in executive summary reports. The report will be made available to Congressional oversight bodies upon request. Information will be made available to OMB, veterans' service organizations (VSO's), the news media, and interested citizens through the Freedom of Information Officer upon request.

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 are not seeking to omit the expiration date from the survey forms. Expiration dates will be placed on the forms upon receipt of OMB approval, and its associated expiration date.

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.