



# Virtual Lifetime Electronic Record (VLER) Veteran (Patient) Survey Interviewer's Guide

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## VA VLER Veteran Survey Interviewers Guide

### Introduction

Thanks for taking the time to talk to me today. My name is \_\_\_\_\_, and I am part of a team that is assessing the impact of a new service at the Department of Veterans Affairs. The Virtual Lifetime Electronic Record (VLER) is a new program that shares select parts of a Veterans' medical record electronically, safely, and privately with other approved health care facilities. I am contacting you because your local VA Medical Center and Private Sector Partners <Use specific PSP names if known> is one of the locations where VLER service is being tested, and you had agreed to participate.

I am interested in hearing about any experiences you might have had related to electronic sharing of your medical record information. The whole telephone 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 both judge the value and improve the VLER Health's service delivery.

Are you willing to participate in this telephone survey?

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### Questions

#### Awareness of VLER

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To begin, I am going to ask you some general questions about the Virtual Lifetime Electronic Record Health program services, which we will generally refer to as "VLER Health" throughout the conversation.

**1) Before this discussion, had you ever heard of the VLER Health service?**

a. *[Interviewer Note:]*

- i. If YES: Go to question 2
- ii. If NO: Provide an explanation of VLER Health and reiterate that this was a program service they had opted into most likely from a solicitation from their VA Health Provider. Inform them that these questions are specific to having some experience with VLER and so unless they have any other questions that this will be the end of the interview and we appreciate the time they have taken.

**2) Please tell me how you learned about VLER Health.**

**3) Can you briefly describe what you know about VLER Health?**

a. *[Interviewer Note: If no answer, be sure to provide a general explanation of what medical record information sharing accomplishes (care coordination, health history, etc.).]*

- b. To the best of your knowledge, which hospitals or doctors' offices outside of the VA is part of the VLER Health program in your area?
  - i. IF DON'T KNOW OR CAN'T REMEMBER: Interviewer provides names of local participating organizations within that specific community.

### ***Facilitators or Barriers to Participation***

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Thank you. Now I would like to talk to you about the steps you went through to enroll in VLER Health and your reasons for participating.

**4) Do you remember how you were you invited to participate in VLER Health?**

- a. *[Interviewer Note: Potential probes that may be asked depending on response]*
  - i. Did you receive an authorization package in the mail?
  - ii. Did office staff invite you while you were at an appointment in a VA clinic?
  - iii. Were you notified through e-Benefits?
  - iv. Were you introduced through My HealtheVet?
  - v. Were you introduced to VLER Health at a VA-sponsored event?
  - vi. Were you informed from a VA staff member?
  - vii. Did you receive information at a VA Patient Orientation?

**5) Think back to when you first received information or were first asked whether you wanted to participate in VLER Health. How well do you recall the information provided to you or discussed with you? (If Veterans say not very well, ask them to answer the next few questions as best as they can.)**

- a. What was your first reaction to the information?
- b. How easy or difficult was it understand the information about VLER Health?
- c. What did you learn from the information?
- d. What additional information would have been useful to you?

**6) How easy or difficult was it to fill out the authorization forms provided to you?**

- a. If there was some aspect of the authorization forms that seemed difficult, please describe.
- b. In your opinion, how could the authorization forms be improved?

**7) Did you want to talk to anyone else about VLER Health before filling out the forms?**

- a. IF YES, did you talk to anyone?
  - i. IF YES, who?
    - 1. Probes (Toll Free number, spouse, care provider other VA staff member).
  - ii. IF NO, why not?

**8) Why did you decide to participate in VLER Health?**

- a. [Interviewer Note: Potential probe if specifics are not provided.]
  - i. What were some of the specific considerations that helped you make your decision?
  - ii. Did a doctor or care provider encourage you to sign up?

**9) Was there anything that made you hesitate before agreeing to participate?**

***Perceived Value of VLER***

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Now I would like to hear about any experiences you have had with VLER Health service. I would also like your thoughts about the value that VLER service may have provided you and may provide to Veterans generally.

**10) First, I would like to get an idea of how frequently you see VA as compared to non-VA care providers.**

- a. In the past 2 years, how many times did you see a VA provider?
- b. How many times did you see a non-VA provider during the past 2 years?

**11) Do you ever bring portions of your medical record from one provider to another?**

**12) In comparison to physically carrying around your medical records, do you think that VLER Health will make it easier, harder, or about the same to get information from one provider to another?**

**13) Has any doctor or other care provider talked to you about how they have used VLER Health for your care?**

- a. *[Interviewer Note: It should be confirmed with the patient that they are in no way obligated to discuss or share any specific information about their health condition or reason for visiting the clinic.]*

- b. *[Interviewer Note: Depending on the response ask some of the following and prompt for anecdotes:]*

IF YES:

- i. Which care providers did you talk to?
- ii. How did the subject come up?
- iii. Was it because they had found additional health information about you from another clinic or provider?

(If got more information through VLER):

- 1. Do you feel that having more information about your case helped your care providers understand your medical history better? (In what way?)
- 2. From your experience do you feel it helped your care providers work together better?

If NO: Skip to question 13

**14) Has VLER changed the degree to which you feel involved with your care?**

- a. *[Interviewer Note: This question is meant to gain an understanding of the degree to which Veterans feel more empowered or activated about their health due to VLER]*
- b. *[Interviewer Note: If this question is confusing to the patient may ask in terms that are more general whether they are encouraged by the fact that the people responsible for their care are more informed about their health history due to the efforts of programs such as VLER.]*

**15) Do you know if your doctor or nurse made any specific changes in how they cared for you as a result of receiving your medical records through VLER Health?**

- a. *[Interviewer Note: This question is meant to gain an understanding of any specific changes that might have occurred in terms of tests, procedures, medications, etc., due to information a doctor encountered through VLER]*

POSSIBLE PROMPTS:

- i. Did your doctor or nurse stop giving you a drug?
- ii. Did they change your medication?
- iii. Did they learn about an allergy they had not known about before?
- iv. Did they learn about a condition they had not known about before?
- v. Did they look some of your test results from a hospital or doctor's office from another healthcare organization?

**16) Based on your overall experience with VLER Health so far, would you describe yourself as having had a positive or negative experience? Please tell us what makes you feel that way.**

**17) Do you think VLER Health services would benefit Veterans generally?**

- a. If YES: What are some examples of possible benefits?  
*[Interviewer Note: Potential probes that may be asked depending on response]*
  - i. Increased sharing of information between healthcare organizations
  - ii. Increased communication between care providers
  - iii. Better health services
  - iv. Saving the Veteran and/or healthcare staff valuable time
  - v. Potential to decrease cost of services for Veterans/VHA
- b. If NO: Tell me more about why you said "No."

**18) Based on your experience so far, what do you think will make VLER a success?**

- a. *[Interviewer Note: This question can be answered either in broad terms or in terms specific to the patient's experience or care.]*

*Interview Wrap-up*

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**19) Before we finish this survey, are there any other comments or experiences related to VLER that you would like to share with us? Do you have any questions for us?**

Thank you for your time and participation in this important survey. Your answers to our questions will help to improve VLER program service delivery.