

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

TITLE OF INFORMATION COLLECTION:

Maternity Care Coordination Experiences of Pregnant Veterans

PURPOSE:

To understand pregnant Veterans’ experiences with maternity care coordination between VA primary care/mental health providers and community-based obstetricians. Over the past five years, the number of pregnant Veterans seeking VA maternity care services has skyrocketed. However, with the exception of 2-3 VA facilities nationally, women Veterans must receive maternity care from community-based obstetric providers through the VA fee basis program. No information exists to understand whether pregnant Veterans are receiving coordinated care during their pregnancies, and this is extremely important for both the pregnant Veteran and her baby.

DESCRIPTION OF RESPONDENTS:

Respondents will be pregnant Veterans receiving community-based obstetrical care. These respondents will come from 11 VA facilities across the country (see Table 1) that are a part of the Maternity Care Coordination grant funded by Health Services Research & Development (HSR&D). In total, there will be approximately 150 respondents.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>Survey</u> |

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: **Kristin Mattocks, Ph.D., Associate Chief of Staff/Research, VA Central Western Massachusetts Healthcare System (Kristin.mattocks@va.gov)**

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? [X] Yes [] No

BURDEN HOURS *(sample calculation in grey)*

Category of Respondent	No. of Respondents	Participation Time (× minutes =)	Burden (÷ 60 =)
Individuals & Households	150	5	12.5
VA Form:			
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is: 0.

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

- 1. 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?

In order to understand pregnant Veterans’ perceptions of and experiences with pregnancy care at non-VHA facilities and maternity care coordination between non-VHA and VHA facilities, we will interview a sample of pregnant Veterans at each facility in Table 1. During the three-year study period, we will aim to interview 10% of pregnant Veterans at large facilities (approximately 25 Veterans) or at least 10 pregnant Veterans at small facilities for a total of 150 pregnant Veterans during the 3-year study period. To do this, we will work with the Women Veteran Program Managers at each site (through the Site PBRN Lead), who maintain a list of all pregnant Veterans at their facility (the list includes women who both use and do not use VHA maternity benefits). Once a woman becomes pregnant and is included on the facility-level WVPM list, our site-level research associate will communicate this information to our study team and we will send a letter of invitation describing the study to the pregnant Veteran. Women who choose to participate in the study will call a toll-free number to learn more about the study and be screened for

eligibility. Eligibility criteria will include a current pregnancy and maternity care that is provided either through VHA maternity benefits or through another insurance mechanism (private insurance, Medicaid). We will work closely with the Women Veteran Program Managers to ensure we are recruiting a sample of pregnant women Veterans that is representative of the racial/ethnic distribution of women Veterans at that facility.

The interview will occur within 3 months of delivery and will focus on her experiences with delivery and postpartum care and her plans for return to VHA care. We will administer the Maternity Care Coordination Survey¹ to examine women’s perceptions of how their obstetrical care has been integrated into their VA Care during their pregnancies. The interview will take place by telephone.. Telephone interviews make it feasible and economical to reach a large number of Veterans at geographically heterogeneous facilities. Interviews will be conducted by telephone by a trained interviewer. Women who complete the interview will receive \$25 in recognition of their time for each interview.

VHA Facility	Delivery Volume	Average # Deliveries/Year	Targeted # of pregnant Veterans to interview during study period
Temple, Texas	High	242	24
Tampa, Florida	High	220	22
Seattle, Washington	High	214	21
Los Angeles, California	High	125	12
Little Rock, Arkansas	Medium	107	11
Iowa City, Iowa	Medium	88	10
Durham, North Carolina	Medium	83	10
Fargo, North Dakota	Medium	56	10
Northampton, Massachusetts	Low	11	10
Clarksburg, West Virginia	Low	8	10
Coatesville, Pennsylvania	Low	7	10
TOTAL			150

Administration of the Instrument

- How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
- 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.

ⁱ Singer S, Friedberg M, Kiang M, Dunn T, Kuhn D. Development and preliminary validation of the Patient Perceptions of Integrated Care Survey. *Med Care Res Rev.* 2012; 15 November.