



# Extended Hours Program Evaluation User Survey

OMB 2900-0770  
Estimated burden: 7 minutes  
Expiration Date xx/xx/xxxx

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average seven (7) minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

VA Form 10-10144

# Veterans Health Administration

## J.D. Power and Associates

### OSI Conjoint Survey – Primary Care

Section Name	Section Title	Level	Order Group	Order
Introduction	Introduction	1		
Choice Tasks	Access to VHA Primary Care	1		
Follow-up Questions	Misc Diagnostics	1		
Demographics	Demographics	1		

## INTRODUCTION

Welcome. J.D. Power and Associates has been asked by the Department of Veterans Affairs to conduct a study to better understand Veterans' attitudes and opinions about Veterans' access to **Primary Care** at VA facilities. This study is not regarding any care you may have received, or any care you might receive in the future, but your preferences, as a Veteran, with regards to Primary Care.

Your responses will be completely anonymous and will not affect any benefits or services you may be receiving from the VA.

This survey will take approximately **10-12** minutes to complete. We thank you in advance for your participation.

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S1 Are you currently a Veteran?

- 1 Yes
  - 0 No **[TERMINATE]**
  - 99 Don't know **[TERMINATE]**
- 

S2. Do you currently receive health care from the Department of Veterans Affairs?

- 1 Yes—my primary care provider is through the VA
  - 2 Yes—but my primary care provider is not through the VA
  - 0 No
- 

S3. Do you currently receive health care from a provider other than the Department of Veterans Affairs?

- 1 Yes
  - 0 No
-

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**[PROG: IF S2 = 0 and S3 = 0 then TERMINATE; ELSE IF S2 = 1 OR 2 THEN FILL VA HEALTHCARE QUOTA; IF S2 = 0 AND S3 = 1 THEN FILL NON-VA HEALTHCARE QUOTA]**

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S4. Are you currently being treated for a chronic condition with the Department of Veterans Affairs or another provider (e.g., diabetes, hypertension)?

1 Yes  
0 No

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## CHOICE TASKS

Thank you for your responses so far. We'd now like you to go through an exercise that will better help us understand your opinions about how you prefer to access VA healthcare for **primary care**.

In the following exercise, you will be presented choices with different features that fall into 5 different categories as specified below. Your task is to select the choice you would prefer the most regarding how you would access VA healthcare. When making your selection, you can assume everything is the same except for the differences shown for each choice. You will be asked to make selection for a total of 20 screens. Each screen may look very similar. However, the choices are different so please be careful in making your selection.

Focus only on primary care which includes physicals/preventative care, illness or injury, follow-up visits or information with your primary care provider (not any type of Speciality Care).

**Time Availability:** The times you can access healthcare

Weekday 8AM-4:30PM Only  
Weekday Extended Hours (7AM to 7PM)  
Weekday Extended Hours (7AM to 7PM) and Weekend (8AM-4:30PM)

**Timeliness:** How long it takes to get an appointment from the time you first request to be seen?

Same day  
Within 3 days  
Within a week  
Within a month

**[PROG NOTE: THIS FACTOR IS ONLY SHOWN WITH FACE TO FACE AND TELEHELP MODALITY BELOW]**

**Travel Time:** The amount of transit time from your home to healthcare provider's facility

Less than 45 minutes  
45 to 90 minutes  
More than 90 minutes

**Modality:** How you interact with the care provider?

Face to face (VA Hospital or Outpatient Clinic)  
Phone (not 24-Hour Hotline)  
Secure Messaging (Myhealthvet.gov website)

VA Telehelp (CVT)—going to a VA facility, but interacting with your physician by video conference  
 24-Hour Hotline (Phone)

**Caregiver:** The person providing the healthcare  
 Your VA Primary Physician  
 Registered Nurse/Physician Assistant  
 Clinical Pharmacist  
 Any one from your PACT  
 A physician who is not your primary physician

Note: PACT is your Patient Aligned Care Team and it includes your primary care physician, registered nurse, health technician, clerk and pharmacist

**[PROG NOTE: SHOW 20 SCREENS (EXAMPLE BELOW), RANDOMLY MANIPULATING THE FEATURE SET WITHIN THE THREE CHOICES FOR EACH SCREEN]**

Assuming you were in need of primary care, which of the following choice would you prefer most to receive access to healthcare from the VA?

(1 of 20)

Time Availability	Weekday 8AM-4:30PM Only	Weekday Extended Hours (7AM to 7PM)	NA
Timeliness	Same day	Within 3 days	NA
Modality	VA Telehelp (CVT)—going to a clinic but interacting with your physician by video conference	Face to face (VA Hospital or Outpatient Clinic)	Secure Messaging (Myhealthyvet.gov website)
Travel Time	More than 90 minutes	Less than 45 minutes	0
Caregiver	Registered Nurse/Physician Assistant	Any one from your PACT	A physician who is not your primary physician
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assuming you were in need of primary care, which of the following choice would you prefer most to receive access to healthcare from the VA?

(7 of 20)

Time Availability	Weekday 8AM-4:30PM Only	NA	Weekday Extended Hours (7AM to 7PM)
Timeliness	Within a week	NA	Within 3 days
Modality	Face to face (VA Hospital or Outpatient Clinic)	24-Hour Hotline (Phone)	VA Telehelp (CVT)—going to a clinic but interacting with your physician by video conference
Travel Time	More than 90 minutes	0	45 to 90 minutes
Caregiver	A physician who is not your primary physician	Registered Nurse/Physician Assistant	A physician who is not your primary physician
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assuming you were in need of primary care, which of the following choice would you prefer most to receive access to healthcare from the VA?

(10 of 20)

Time Availability	Weekday 8AM-4:30PM Only	NA	NA
Timeliness	NA	NA	NA
Modality	Phone (not 24-Hour Hotline)	24-Hour Hotline (Phone)	Secure Messaging (Myhealthyvet.gov website)
Travel Time	0	0	0
Caregiver	Clinical Pharmacist	Your VA Primary Physician	Registered Nurse/Physician Assistant
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FOLLOW-UP

F1. Which of the following methods would you prefer most to be reminded about an appointment you have with the VA? **[PROG: SINGLE RESPONSE, FORCED]**

- 1 Letter in the mail
- 2 Postcard in the mail
- 3 Text/SMS message
- 4 Phone call
- 5 Secure Messaging (Myhealthvet.gov website)
- 0 No preference

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F2. If the VA had to cancel an appointment, which of the following methods would you prefer most to be notified?**[PROG: SINGLE RESPONSE, FORCED]**

- 1 Letter in the mail
- 2 Postcard in the mail
- 3 Text/SMS message
- 4 Phone call
- 5 Secure Messaging (Myhealthvet.gov website)
- 0 No preference

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F3. Would you participate in a group appointment if one was offered? Group appointments are typically check-ups for veterans with the same condition. Private interaction with your primary care provider can be part of the appointment as well as group education and interaction.

- 1 Yes
- 0 No
- 2 Maybe

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F4. While not currently offered by the VA, would you be willing to use an unsecured communication method (e.g. Skype, Facetime) to interact with your primary care provider or PACT Team member?

- 1 Yes
- 0 No
- 2 Maybe

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## DEMOGRAPHICS

These last few questions are for classification purposes only.

D1. In what year were you born?  
Year of birth **[PROG: DROPDOWN, FORCED, RANGE = 1914- 1996]**  
9998 Prefer not to answer **[PROG: EXCLUSIVE]**

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D2. Are you...? **[PROG: SINGLE RESPONSE, FORCED]**

- 2 Male
- 0 Female
- 98 Prefer not to answer

- 
- D3. What was the last year of school you completed? **[PROG: SINGLE RESPONSE, FORCED]**
- 1 8th grade or less
  - 2 Some high school
  - 3 High school graduate
  - 5 Some college
  - 6 4-year college degree
  - 9 More than 4 year degree
  - 98 Prefer not to answer
- 

D4. Is the area in which you live a/an...?  
**[PROG: SINGLE RESPONSE, FORCED]**

- 1 Rural area
  - 2 Suburban area
  - 3 Urban area
  - 99 Don't know
- 

D5. Which of the following best describes your health status? **[PROG: SINGLE RESPONSE, FORCED]**

- 1 Excellent
  - 2 Very Good
  - 3 Good
  - 4 Fair
  - 5 Poor
  - 98 Prefer not to answer
- 

**EXIT.** That concludes our survey. J.D. Power thanks you for participating.