

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

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**TITLE OF INFORMATION COLLECTION:**

**Telephone Survey on Veteran Satisfaction with the Authorization process for the Virtual Lifetime Electronic Record (VLER) Health Data Exchange Service**

**PURPOSE:**

Westat plans to conduct in-depth, semi-structured telephone survey interviews with Veterans regarding the Virtual Lifetime Electronic Record (VLER) Health data exchange, which is a service that allows a Veteran’s selected health record information to be electronically exchanged between VA and non-VA health care providers. Veterans must provide written authorization to participate in VLER Health data exchange, and the purpose of this survey is to assess Veterans’ satisfaction with the authorization process of the VLER program and to determine potential barriers of VLER authorization. . This data collection effort is designed to collect timely feedback from Veterans who have not provided authorization for VLER Health The findings from these interviews will be used to develop strategies and mitigation approaches to increase satisfaction with the VLER authorization process and to increase the rate of VLER authorization among Veterans – all of which will serve to improve the quality of the VLER program. This data collection effort is not intended to develop nationally representative estimates; results are intended to be used by the Department of Veterans Affairs for quality improvement purposes and are not intended to be published.

**DESCRIPTION OF RESPONDENTS:**

We plan on conducting a total of 45 Veteran interviews. Veterans who have yet authorized or signed up with the VLER program will be eligible to participate. (Veterans who have declined to participate in the VLER program will not be eligible. Similarly, Veterans who have provided authorization and signed up for the VLER program will not be eligible to participate in the survey.)

**TYPE OF COLLECTION:** (Check one)

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

**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.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [  ] Yes [ ] 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? [ ] Yes [  ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households ( <b>Veterans</b> )	45	15 min	11.25 hours
<b>Totals</b>	<b>45</b>	15 min	<b>11.25 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$22,000.

**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?  
 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?

For the Veteran survey, Veterans will be eligible to participate if they have never authorized and have never refused (explicitly opted out) signing up for the VLER program. These Veterans will be identified from the Clinical Data Warehouse (CDW). Westat staff will survey a convenience sample of approximately nine Veterans from five selected VLER sites.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. 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”**

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**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.**