

## **Military Health Service (MHS) Patient Centered Medical Home (PCMH) Staff Satisfaction Survey**

### **SUPPORTING STATEMENT – PART A**

#### **A. JUSTIFICATION**

##### **1. Need for the Information Collection**

The TRICARE Management Activity (TMA) is continually working to improve the access to and quality of health care provided to its beneficiaries. One way to achieve these objectives is through the concept of a Patient Centered Medical Home (PCMH). A Medical Home model of care designates a team of care providers with a primary care provider as the manager of the overall health care received by the patient, fosters access to and continuity of care for the patient, and improves quality of care by actively managing patient care.

The MHS views the Patient Centered Medical Home as a transformative effort within our system, with the potential to positively affect all aspects of our strategic focus—readiness, population health, patient experience and per member cost. With 655,000 patients enrolled to date, the results have been very promising – improved preventive service compliance, reduced use of the emergency room, and more timely care.

As the MHS significantly invests in this primary care transformation, there is mixed evidence as to the impact on primary care staff. Some critics say it has a positive effect and others view the change as potentially negative due to risks of staff burnout. In 2010, MHS leadership requested that a trend measure of Primary Care Staff Satisfaction be added as a Performance Measure. The PCMH Advisory Board representatives agreed that a biannual census study allows tracking at individual clinic level to monitor change over time. The study is currently limited to only Active duty military and federally employed GS staff impacted by MHS' transition to Patient-Centered Medical Home to identify strengths and areas for improvement. However, MHS currently does not have a mechanism in place to understand the impact of this change and how it affects the contractor personnel assigned to a PCMH Military Treatment Facility (MTF).

With the addition of surveying contract personnel, the perceived impacts and effectiveness of the PCMH model on the quality of health of service members will be examined from all staff perspectives. Furthermore, the similarities and differences between perceptions of active duty Military, Federally employed GS staff, and contractor personnel on PCMH effectiveness can finally be evaluated. Understanding the impact of PCMH model from all stakeholders' perspectives is a critical step in developing an effective treatment model that will maintain and improve the well-being of service members and their families. By fielding a survey including the PCMH contractor personnel, the MHS will be able to monitor our investment in PCMH and study how it affects all relevant staff.

##### **2. Use of the Information**

This data collection will help to meet the objectives of the MHS-mandated study, and additional Patient Centered Medical Home management goals, by using information collected from PCMH staff satisfaction survey to:

1. Study the Patient Centered Medical Home model to develop metrics for properly evaluating the effectiveness of a Medical Home with respect to satisfaction, access, quality, utilization, and clinical practices.
2. Measure satisfaction among staff at direct care military treatment facilities (MTFs) that have been identified as current or potential future PCMHs.
3. Determine staff members' perceptions of what PCMH processes are or are not working well at the clinic. It will also evaluate perceptions of teamwork among staff at the clinic, the overall clinic environment, and what available resources are assisting them in their provision of quality patient centered care.

As noted in the response to item A1, the information collected by the PCMH Staff Satisfaction survey will be used by MHS Leadership and the PCMH Advisory Board to understanding the factors that may be associated with the effectiveness of a Medical Home with respect to satisfaction, access, quality, utilization, and clinical practices. Specifically the information will be used by the Assistant Secretary of Defense for Health Affairs, MHS Office of the Chief Medical Officer (OCMH), the PCMH Advisory Board, the Military Health Service Branches (Army, Navy, Air Force, JTF CAPMED), as well as Clinical Directors of MHS Military Treatment Facilities (MTFs).

### 3. Use of Information Technology

The survey will be administered as a web-based survey and the PCMH investigators will use a contractor, Deloitte Consulting, LLC to manage the online data collection and development of the Staff Satisfaction survey web interface. Deloitte has extensive experience conducting surveys with comparable military populations (e.g., the TRICARE Patient Safety Survey, TRICARE Ambulatory Surgical Care survey). Utilizing the MHS Military Service Branch PCMH points of contacts at each MTF, Deloitte will provide an anonymous survey url which the points of contact will distribute via email to all active duty military, federally employed GS Staff and contractor personnel at the MTFs. Each email will be digitally signed and include a url to the web-based survey and provide a text explanation of the study to help encourage staff to participate. The respondents will be able to complete the survey during working hours using their government-issued computer at their MTF workplace, or outside of their working hours on a personal computer. All responses will be kept private to the extent permitted by law. The survey will be conducted in the United States using a web-based survey. All responses will be stored on computer servers with software and hardware solutions that have a high degree of resistance to tampering and circumvention, including both hardware and software firewalls.

The web-based survey application used to collect the survey data and all IT networks used to collect, store, and transmit and otherwise maintain data has been reviewed by DHA. As part of this review process, the vendor has obtained the DHA System Security Verification (SSV) from DHA for the networks that will store, transmit, process, and otherwise maintain Military Health System (MHS) data for DHA which certifies the information system has meets the requirements of DoD 8580.02-R, “DoD Health Information Security Regulation,” which implements the Health Insurance Portability and Accountability Act Security Rule and sets forth administrative, technical, and physical safeguards. Additionally, this SSV verifies that the web-based survey application and all IT networks used for this survey confirm to the safeguards outlined in DoD Directive Type Memo (DTM) 08-027, “Security of DoD Information on Non-DoD Owned or Controlled Information Systems”. The DTM establishes the policy for managing the security of DoD controlled unclassified information (CUI) processed on information systems that are not owned by or operated on behalf of DoD, and applies to the web-based survey application and all IT networks used to collect, store, and transmit and otherwise maintain data for this study.

#### **4. Non-duplication**

In designing the survey, available information on each subject was carefully reviewed to ensure that the survey gathers information not available from existing sources.

#### **5. Burden on Small Business**

No small businesses or other small entities are involved as respondents in the proposed data collection effort. Respondents to this data collection are active duty military, federally employed GS staff or contractor personnel assigned to a MTF. Efforts have been made to minimize response burden on respondents through careful design of the data collection strategy and efficient construction of the data collection instrument.

#### **6. Less Frequent Collection**

The questionnaire has been previously administered to active duty military and federal employed GS staff at each MTF, for the purposes of tracking effects of the PCMH model over the twelve month period of study. Having this information gathered less frequently from the contractor personnel at the same MTFs would result in less informative data and would prohibit the same trending analysis that has enabled MHS to evaluate the PCMH effectiveness. Also, conducting the tracking survey less frequently would increase the chance that for some active duty military staff on military rotation or contractors on short contracts may not be included in the survey population and TMA would not be able to obtain a complete record of the personnel affected by the PCMH model.

#### **7. Paperwork Reduction Act Guidelines**

No special circumstances apply which would require the data collection to be conducted in a manner inconsistent with Paperwork Reduction Act guidelines.

## **8. Consultation and Public Comments**

In accordance with 5 CFR 1320.8(d), this information collection soliciting public comments was announced via a 60-day Federal Register Notice (FRN) in the *Federal Register* on 05/15/2013 (Volume 78 Number 94, Pages 28578 -28579). No comments were received.

A 30-day FRN was published in the Federal Register on 12/30/2014 (Volume 79, No. 249, page 78410). No comments were received.

MHS's contractor, Deloitte Consulting, LLP., developed the data collection instrument and data collection methodology in consultation with staff from MHS and PCMH Advisory Board members.

## **9. Gifts or Payment**

All respondents are being asked to complete the survey voluntarily. No payments will be provided for participation.

## **10. Confidentiality**

The surveys will also include the OMB control number, expiration date, and the Public Burden Statement. This document specifies the Authority supporting the request for information, the purpose for its collection, the routine uses to which it will be put, the scope of anonymity in the use of personal identifiers and the voluntary nature of participation.

There are firmly established procedures for providing an on-line consent statement consistent with the requirements on the protection of human subjects research as this survey was granted a valid RCS number when it was initially developed and administered to the active duty military and federally employed GS staff; and these same procedures will apply to the contract personnel that will ask participants to acknowledge that they have read the Consent statement and that they voluntarily agree to participate in this survey. All respondents who do not acknowledge the consent statement will be exited from the survey.

MHS email addresses will be used to contact Active duty military, federally employed GS staff and contractor personnel for the survey described in this supporting statement. The contractor, Deloitte Consulting, LLC, involved in this survey has signed a confidentiality agreement, assuring that any contact information and information provided by respondents will be used solely for the purposes of this survey. Deloitte is bound to keep this type of information confidential by its contract with MHS and our contract contains a data use agreement, which establishes MHS as the "owner" of this data.

Survey participants will be notified in a digitally signed email that their information will be kept private to the extent permitted by law; will not be released to third parties other than MHS; and will not be reported except in an aggregated manner.

We will handle the information collected using procedures designed to keep sensitive personal information secure. We will password protect electronic data files and we will encrypt and password protect any files transferred. Upon completion of the fieldwork, data is extracted and processed using SPSS software. The finished SPSS (Statistical Package for Social Sciences) data file does not contain any identifiable information.

Since we are not collecting individual identifiers and no responses will be retrieved by an identifier, no Privacy Act System of Records Notice (SORN) ID is required for this application.

## **11. Sensitive Questions**

The survey does not contain questions that are considered sensitive in nature.

## **12. Respondent Burden, and its Labor Costs**

### **a. Estimate of Hour Burden**

The burden estimate was determined based on the average response burden from previous administrations of the same survey to federal and military personnel.

**Exhibit 1 – Annual Respondent Burden** Exhibit 1 provides information on the estimated time to complete the data collection survey. We will survey a total of approximately 3,105 PCMH contractors on an annual basis. Since respondents will on average spend 10 minutes completing the survey, the total burden for data collection for the survey is estimated at 517.5 hours.

A	B	C	D	E	F	G
Estimated Number of Respondents	Average Burden per Respondent (Minutes)	Total Annual Burden (Minutes)	Number of Responses per Respondent	Total Respondent Burden (Minutes)	Total Burden per Respondent (Minutes)	Total Respondent Burden (Hours)
		(A*B)		(C*D)	(B*D)	(E/60)
3,105	10	31,050	1	31,050	31,050	517.5

### **b. Labor Cost of Respondent Burden**

Exhibit 2 provides information on the estimated cost to complete the data collection survey. We will survey a total of approximately 3,105 PCMH contractors on an annual basis.

Based on an estimated hourly rate of \$30.00 per hour of respondent time, the average cost of the data collection is estimated at \$5.00 per respondent an annualized cost of \$15,525.

### **Exhibit 2 – Annual Respondent Cost**

A	B	C	D	E	F
Estimated Number of Respondents	Average Burden per Respondent (Minutes)	Average Respondent Hourly Rate	Respondent Cost Burden*Rate	Number of Responses per Respondent	Total Annual Respondent Cost
3,105	10	\$30.00	\$5.00	1	\$15525

#### **13. Respondent Costs Other Than Burden Hour Costs**

There is no cost to respondents, other than the labor time required to respond to the survey as described in Section 12b above.

survey.

#### **14. Cost to the Federal Government**

The total contracted cost to the federal government for the PCMH Staff Satisfaction survey is \$39,562.48. This includes the total contracted costs to program and pre-test the survey, administer the survey, provide survey responses and costs to analyze survey responses and develop and produce a report. The survey has not yet been pre-tested.

#### **15. Reasons for Change in Burden**

This submission to OMB is a new request for approval; there is no change in burden.

#### **16. Publication of Results**

Contingent upon OMB approval, this survey is scheduled to be administered in March 2015. The survey administration, including pre-survey communications materials is estimated to take a total of 20 business days. The primary objective of the analysis of the data collected will be to evaluate the effectiveness of the PCMH model with respect to satisfaction, access, quality, utilization, and clinical practices. Tabulations will be conducted for multiple questions via a frequency analysis to measure satisfaction among staff at direct care military treatment facilities (MTFs) that have been identified as current or potential future PCMHs. The statistical analysis will also include a frequency analysis of responses to all survey instrument questions and cross-

tabulations for select questions by Military Service branch, personnel category, medical practice specialty, Military Treatment Facility, and select demographic characteristics.

17. Non-Display of OMB Expiration Date

All data collection instruments delivered to the respondents will prominently display the expiration date for OMB approval.

18. Exceptions to "Certification for Paperwork Reduction Submissions"

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9)