

**Supporting Statement**  
**Care Coordination Home Telehealth (CCHT) Patient Satisfaction Survey**  
**VA Form 10-0481 OMB 2900-0766**

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.**

Legal authority for this data collection is located in 38 USC, Part I, Chapter 5, Section 527, Veterans Benefits, which authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs Programs, the goal of which is improved health care for veterans.

The 30-day Federal Register notice, 78 FR 76193 (Dec. 16, 2013), indicated that this collection was an extension without change of an existing collection; however, due to the inclusion of the OMB expiration date to the form, the collection is now a revision of a currently approved collection.

In addition, the possible answers to the survey questions have been revised to the form of a five-point scale of the respondent's agreement or disagreement, with a sixth response available for respondents who have no experience with the subject of the question. The wording of some of the questions has also been changed; however, there are no new questions, and no questions from the previously approved form have been deleted.

**2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.**

Telehealth Services seeks approval from the Office of Management and Budget (OMB) for the Care Coordination Home Telehealth (CCHT) patient satisfaction survey. The questions developed for this survey are the product of field staff development working through the OTS' CCHT Outcomes Committee. The goal is to collect appropriate data regarding current patient perceptions of their satisfaction specifically with the CCHT program and the messaging devices it utilizes.

Many aspects of the CCHT program have evolved substantially since the inception of the program in 2000. The CCHT satisfaction survey is required to capture current patients' perspectives on satisfaction with specific aspects of the program and equipment.

This satisfaction survey is not a traditional paper and pencil survey method but rather a totally automated method. The survey will be delivered electronically to patients enrolled in the CCHT Program via technology such as a messaging device, and Interactive Voice Response (IVR) or other similar application. This technology will provide a total of eight questions to each enrolled patient either on a small screen or through interactive voice activation. The patient will select the appropriate answer verbally in the case of IVR technology or by using either buttons or a touch screen in other applications. In some cases, similar to the IVR technology, the questions are electronically spoken to the patient, such as for those patients who are visually impaired. Patient responses regarding their satisfaction will be captured electronically and reported back to the Telehealth Services data set located behind the VA firewall for review, analysis and action. The VA Form 10-0481 survey list of questions will be delivered to each enrolled patient every 90 days via the home telehealth device.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

Respondent burden can be significantly reduced by utilizing technology such as messaging devices, IVR and other applications that will be programmed to deliver the survey questions to patients conveniently at designated intervals. The patient responds verbally to the questionnaire or by pressing one simple button or simply touching the screen for the appropriate answer. This information is downloaded securely through the phone line to a database behind the VA firewall.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

CCHT is a relatively new program in VHA and is a unique and very innovative service. CCHT delivers clinical care with the assistance of new technology in the home that is used to capture patient responses to Disease Management questions focused on the patient's symptoms, knowledge and behaviors associated with a chronic illness. Because this program is so distinct in the key elements of clinical care, business practice, and types of technology used, currently approved questions/surveys are not able to capture the true essence of this program. Hence, there is no duplication of information with any other survey.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

Every effort has been made to minimize the burden by keeping questions simple and to an absolute minimum.

**6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.**

VA would not be responsive to the needs of patients if information were collected less frequently.

**7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.**

There are no such special circumstances.

**8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.**

The notice of Proposed Information Collection Activity was published in the Federal Register on August 29, 2013, Vol. 78, page 168. VHA received one positive comment in response to this notice. No further action is needed.

**b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.**

Outside consultation is conducted with the public through the 60- and 30-day Federal Register notices.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payment or gift is provided to respondents.

**10. Describe any assurance of privacy, to the extent permitted by law, provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

Assurances of privacy are contained in 38 U.S.C. 5701 and 7332. Respondents are informed that the information collected will become part of the Consolidated Health Record that complies with the Privacy Act of 1974. These forms are part of the system of records identified as 24VA19 "Patient Medical Record – VA" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

**11. Provide additional justification for any questions of a sensitive nature (Information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

There are no questions of a sensitive nature.

**12. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:**

**a.** VA form 10-0481 (1 form) x 16,400 quarterly respondents x 4 responses = 65,600 x 1.5 minutes = 98,400 ÷ 60 minutes = 1,640 burden hours.

**b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.**

This collection covers one electronic survey. See 12a.

**c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

The cost to respondents for the hour burden is 1,640 hours x \$24 per hour = \$39,360.

**13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

There are no capital, start-up, operation or maintenance costs to respondents or record keepers since this is all collected electronically.

**14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.**

All costs associated with collection of the response data to the survey, calculation of averages and display of the data on a web site is accomplished electronically. There will be a one-time cost to modify the software program for capture of the responses to the new survey questions.

Reprogramming for data capture, calculations and display: GS12 salary \$32.25/hour x 20 hours= \$645  
There are no other anticipated annual costs of the Telehealth Survey to the Federal Government.

**15. Explain the reason for any burden hour changes since the last submission.**

There are no burden hour changes since the last submission. However, the form itself has changed. The form now includes the OMB expiration date. In addition, the possible answers to the survey questions have been revised to the form of a five-point scale of the respondent's agreement or disagreement, with a sixth response available for respondents who have no experience with the subject of the question. The wording of some of the questions has also been changed; however, there are no new questions, and no questions from the previously approved form have been deleted.

The changes to Form 10-0481 are described in more detail in the White Paper included in the Supplementary Documents section for this collection in the ROCIS database.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

We do not plan to publish this data.

**17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

VA will include both the OMB number and the approval expiration date on each page of the forms.

**18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.**

There are no exceptions.