

**SUPPORTING STATEMENT “A” FOR SURVEY OF VETERAN ENROLLEES’ HEALTH AND USE OF HEALTH CARE**

**OMB CONTROL NUMBER 2900-0609**

## **REQUEST**

This is a request to renew OMB clearance #2900-0609, dated February 4, 2013, for the annual VA Survey of Veteran Enrollees’ Health and Use of Health Care (Survey of Enrollees).

Although the core of the survey remains the same, several efforts have been made to improve upon the survey instrument and to reduce the burden to respondents. In addition, during the last contract renewal, Westat, a firm specializing in data collection and statistical design was the successful bidder. This contractor change brings a strong survey methodology skillset to the survey administration, as well as slightly reduced the cost of administering the survey.

As referenced in the last clearance request, Veterans Health Administration (VHA) has tested the ability to administer a multi-mode survey. This has increased our response coverage and allowed us to comply with the preferences of our Veteran population. In 2015, we adjusted our sampling strategy to stratify by Veterans Integrated Service Network (VISN) Market. This geographic refinement makes the data more meaningful, and, therefore, more actionable, for a wider range of VHA policy makers.

With the guidance of Westat’s survey methodologists, a complete review of the survey instrument has been completed. This resulted in minor revisions to allow for analytical comparison with surveys of a similar nature as well as adjustments to assist with logistical flow. In addition, two new survey modules were developed in areas of critical importance in the changing health care landscape: 1.) a set of questions that build on traditional “Activities of Daily Living” questions to better understand caregiver support needs (questions 30 to 36) and 2.) a set of questions to help VHA better hone its virtual health strategies (questions 41 to 48). Finally, the set of questions known as “key drivers” was refined to better understand factors influencing Veteran’s trust, satisfaction and confidence in their health care system, whether or not they are using VA health care services (questions 19 to 25).

In order to keep the survey burden to 20 minutes per respondent, VHA will switch out question modules from year to year. In addition, several questions have been simplified to make them easier to answer, so the total survey burden has decreased to 20 minutes. In keeping with that plan, VHA requests a clearance that covers the key questions attached as well as questions asked in previous iterations of the survey.

The survey has been updated with the Branding Questions for the Veterans Experience initiative.

## **JUSTIFICATION**

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

The Department of Veterans Affairs (VA) Survey of Veteran Enrollees’ Health and Use of Health Care (Survey of Enrollees) gathers information from Veterans enrolled in the VA Health Care System regarding factors which influence their health care utilization choices. Data collected are used to gain insights into Veteran preferences and to provide VA and

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Veterans Health Administration (VHA) management guidance in preparing for future Veteran needs. In addition to factors influencing health care choices, the data collected include enrollees' perceived health status and need for caregiver support, available insurances, self-reported utilization of VA services versus other health care services, reasons for using VA, barriers to seeking care, ability and comfort level with accessing virtual care, as well as general demographics and family characteristics that may influence utilization but cannot be accessed elsewhere.

Information provided by the Survey of Enrollees supports critical VA policy decisions. The survey was originally designed to form the foundation of the Enrollee Health Care Project Model (EHCPM) projections, which, in turn, supports the VA Secretary's annual enrollment level decision necessitated by the Veterans' Health Care Eligibility Reform Act of 1996. In more recent years, survey data also have been used to support the requirements of the Caregivers and Veterans Omnibus Health Services Act of 2010, the Patient Protection and Affordable Care Act of 2010, and, most recently, the Veterans Access, Choice, and Accountability Act of 2014.

In addition to policy support, EHCPM projections derived from the Survey of Enrollees, support approximately 95 percent of VHA's medical care budget estimates every budget cycle.

**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.**

The data gathered through the Survey of Enrollees continues to be critical to making Veteran-centric policy and planning for the future demand and preferences of all eligible Veterans.

In addition to supporting cost and utilization projections, the current survey data has been used by the Congressional Budget Office for the purposes of estimating the cost of Veteran related legislation and the VHA Chief Business Office for the purposes of estimating third party collections. In addition, the data has been used for policy analysis by the VHA Office of Rural Health, VHA Office of Public Health, and the VHA Office of Health Equity. Survey data has informed the foundation for several strategic planning efforts, as well as the recent Independent Assessments mandated by Section 201 of the Veterans Choice Act. Each year, the data is used at the VHA National Leadership Council Strategic Planning Summit to set the stage on enrollees' health care preferences and planned future use of VHA.

New survey questions approved in 2012 gave VHA insight on enrollees' perceived barriers to care and to enrollees' use of the internet as health care begins to harness the possibilities of connected health. With this data, VHA has developed new questions that inquire further about factors, including barriers, which influence enrollees' choices about health care and about enrollees' current and potential use of internet options for personal services such as health care.

A report of aggregate findings is made available to the public and focused analysis and profiles are developed and posted on the VA intranet. These internal reports are used in VISN and program planning.

- 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.**

The Survey of Enrollees was designed as a uni-mode Computer Assisted Telephone Interview (CATI) survey. In 2012, VHA shifted to a multi-mode, CATI, web-based, and paper based survey in an effort to more fully reflect the enrollee population. This shift was introduced incrementally so that some level of trending could continue to be done. The increasing preference of Veterans for either a paper based or web based survey resulted in a 2015 shift to administering the survey in waves, first offering enrollees the opportunity to complete the survey on a web site and then via a paper based survey. Approximately 42 percent of enrollees in the sample opted to complete the survey via the web, dramatically reducing survey administration time, while enabling Veterans to use the survey method of their choice. Although a CATI administration was not required in 2015, the option continues to be available.

- 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.**

Data collected by the Survey of Enrollees either is not available in other VA databases or VA administrative files are generally not complete or valid for all segments of the VHA enrollee population to be of sufficient utility for policy and planning purposes. No information on the total health care utilization of services of all VA enrollees, both within VA and in the private community, is available. Other surveys have not covered the entire enrollee population and have not focused on the necessary geographically specific information needed to plan to meet enrollee demand through the country.

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

There is no impact on small businesses or small entities.

- 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.**

The Survey of Enrollees is conducted annually and fielded in the first quarter of the calendar year to assure optimal recall about the previous year on the part of respondents. This allows for VA to trend the changing needs of an increasingly diverse Veteran population.

The Veteran population is becoming increasingly diverse with wide ranging needs in and expectations for a health care provider. Changes to the national health care landscape, adjustments to Medicare/Medicaid, the enactment of the Veterans Choice Act, and shifts in the state of our nation's economy, affect Veterans' opinions about whether or not VA is best able to meet those needs and expectations. The need for real time information on key health care utilization drivers necessitates the annual Survey of Enrollees to capture this critical information for input into data-driven policy and budgetary analyses.

- 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 special circumstances as described in VA Handbook 6309 Appendix A, 2.a.(7) (a-f) associated with this survey.

- 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 11/20/2015, 80 FR 72786 (Page 72786). We received no comments in response to this notice.

- 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.**

This is an update to an existing survey instrument. In order to develop the initial Survey of Enrollees in 1999, a VHA representative attended the consultant panel meeting of internal and external agency participants conducting VA's SF-36V survey, including scientists with the VA Health Services Research and Development Service (HSR&D Service); the Health Care Finance Administration (HCFA), the Foundation for Accountability (FACCT), the Health Institute at the New England Medical Center, the Rand Corporation, the National Center for Health Promotion at Duke University, and the National Committee for Quality Assurance (NCQA) Washington, D.C. Various individuals are consulted over time in the planning and development of the enrollee surveys regarding the availability of data, frequency of collection, clarity of instructions, internal VA record keeping, disclosure, or reporting format, and on the data elements. This includes individuals both inside and outside of the agency.

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

According to the current contractor, Westat, survey literature suggests that a nominal payment of \$1 or \$2 has encouraged response rates in surveys. If VA decides to test this hypothesis, we will advise OMB under a separate document. No plans are in place for the 2016 survey.

**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.**

An assurance is made in writing that answers provided are strictly confidential and that VA will protect the enrollee's identity to the extent allowed under the law. Furthermore, respondents are assured that their answers will in no way affect their benefits and that no information provided will be released to the general public in a way that can be traced back to the respondent. The information collected will become part of the system of records identified as 97VA105, "Consolidated Data Information System-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 not questions such as those related to sexual behavior and attitudes, religious beliefs or other matters that are commonly considered private asked in this survey.

**12. Estimate of the hour burden of the collection of information:**

- 1). Number of Respondents estimated at 42,000 per year
- 2) Frequency of Response is one time for most enrollees
- 3) Annual burden is 14,000 hours
- 4) Estimated completion time of 20 minutes is based on review by staff personnel and previous usage of this form

This collection only uses one form number

The estimated cost to the responding public is approximately \$7.50 per respondent based on the Bureau of Labor average annual earnings in July, 2015 of \$25 per hour. Total cost to respondents is \$315,000 (42,000 x \$7.50).

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

Respondents are not required to do any additional record keeping.

**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.**

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The total cost to the Federal Government is estimated at \$1.3 million. This is the current contractor cost and includes travel, survey improvements, programming of the questionnaire for telephone, print, and web administration, questionnaire pretest, interviewing, validation, mailing activities, data processing, providing a clean data file, project management, staff education, and supervision. This is a \$200,000 decrease in the cost to the Federal Government.

**15. Explain the reason for any burden hour changes or adjustments reported in items 13 or 14 of the OMB form 83-1.**

The burden decreased by 14,700 to 14,000 making for a 700 hour decrease. The survey has been updated with the Branding Questions for the Veterans Experience initiative.

**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.**

The primary purpose of this data collection is not for publication. The aggregated information will be disseminated nationally primarily in VA reports, but the aggregate results may be published. Data will also be used for VA internal policy and budget scenario development and related analyses.

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

The expiration date has been added to the form.

**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.