Interconnected Factors That influence Health, Experiences and Needs (IF-THEN) Study

B.   COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Provide a numerical estimate of the potential respondent universe and describe any sampling or other respondent selection method to be used. Data on the number of entities (e.g., households or persons) in the universe and the corresponding sample are to be provided in tabular format for the universe as a whole and for each strata. Indicate expected response rates. If this has been conducted previously include actual response rates achieved.

Based upon inclusion and exclusion criteria that we will apply to our potential respondent universe of VA patients seen in 2016, there are likely to be 5 million Veterans who are potentially eligible for the patient survey. In order to inform national efforts to provide intensified PACT services to high-risk patients, we will sample patients on the basis of VA's Care Assessment Needs (CAN) 90-day hospitalization risk score. We will over-sample patients with a CAN score ≥ 90 (50%) as this threshold is being used to identify patients for ongoing PACT-Intensive Management interventions. We will also sample patients with a CAN score of 50-89 (25%) and < 50 (25%) in order to identify patients with low CAN scores who may be at risk for hospitalization based on social and behavioral risk factors. We will survey a random nationally representative sample of 10,000 patients, according to these three CAN thresholds. We expect to achieve a 50% response rate and have a final response from 5,000 patients.

2.   Describe the procedures for the collection of information, including:
- **Statistical methodology for stratification and sample selection**
- **Estimation procedure**
- **Degree of accuracy needed**
- **Unusual problems requiring specialized sampling procedures**
- **Any use of less frequent than annual data collection to reduce burden**

- We will randomly sample 10,000 VA patients who have 1+ face-to-face visits to a VA Patient-Aligned Care Team (PACT) between March 1-Sept 30, 2016, have a CAN score in FY2016, are alive on September 30, 2016 and have a valid home address in 50 US states in VA administrative data. We will construct survey sample weights to reflect the population of eligible Veterans, so the results can be generalized to eligible population.
- Our study team will establish a contract with a non-VA survey vendor with FISMA-high accreditation to mail surveys to Veterans. The mailed survey packet will include a postage-paid return envelope and a postage-paid opt-out card that can be returned by those who do not wish to participate. Survey response will imply consent. Survey administration will follow the Dillman method, with an initial mailing, follow-up reminder, and a second mailing to non-responders.
- This estimation procedure has been shown in several prior methods papers and application of these methods to have a high degree of accuracy. We will also evaluate how survey respondents and non-respondents differ by patient characteristics available in VA administrative data, including age, gender, race, marital status and number of chronic conditions.
- We do not foresee any unusual problems.
- This survey will be conducted once (one time per year).

3. Describe methods to maximize response rate and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.

Consistent with mail survey methodology that attempts to maximum response rates, we will be including a sheet of 4 Forever stamps worth approximately $2 in the initial survey mailing. There will be no other payment or gifts to respondents. To maximize the response rate, we will also follow the Dillman method by including a reminder postcard, a second mailing to non-responders, and a second follow-up reminder postcard. If necessary, we will also place one follow-up telephone call to non-responders after the second postcard reminder.

To assess non-response bias, we will evaluate how survey respondents and non-respondents differ by patient characteristics available in VA administrative data, including age, gender, race, marital status and number of chronic conditions.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions of 10 or more individuals.

To ensure that the survey is no longer than necessary and all questions are understandable by the potential respondents, we will pilot test the survey with 1-2 groups of patients in the Durham VA medical center and the Palo Alto VA medical center as needed (ensuring no more than 9 patients per version of the survey). We will interview these patients about recommended changes in wording or formatting to improve the final response rate. The survey instrument will be revised as needed.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

The Principal Investigator of the grant funded by the PACT Demonstration Lab Coordinating Center, Dr. Matthew Maciejewski, is responsible for collection and analysis of the proposed patient survey. He is a Research Career Scientist in the Center for Health Services Research in Primary Care at the Durham VA Medical Center and Professor in the Division of General Internal Medicine, Department of Medicine at the Duke University Medical Center. He is also an Adjunct Professor in the UNC Schools of Public Health and Pharmacy. He has conducted research funded by RWJ HCFO, AHRQ, CMS and VA HSR&D on the health and economic impacts of changes in medication and visit copayments, bariatric surgery, and enrollment in Medicare managed care.

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