

**Department of
Veterans Affairs**

Memorandum

Date: March 20, 2017

From: Timothy Dresselhaus, MD, MPH; Chair, VISN 22 Primary Care Committee

Subj: VISN 22 Primary Care Access Quality Improvement Project – Additional Activity

To: Susan Stockdale, PhD; PI, VISN 22 Veterans Assessment and Improvement Laboratory (VAIL)

1. This memo serves to add an additional activity to the Quality Improvement Project outlined in the December 17, 2015 memo (see attached).
2. In addition to the activities already specified, the new activity will include interviews and focus groups with VISN 22 primary care patients about their perceptions of access to primary care. Data security and participant rights best practices will be followed for this activity. The Project is being conducted as part of the PACT demonstration lab initiative in response to a request by the VISN 22 Primary Care Committee, who requires information regarding the relationship between access as measured via administrative data and patient perceptions.
3. The Project activities, including the patient interviews and focus groups, are designed and implemented to improve the operation of an internal VA program, in support of the VA mission to deliver health care to the Nation's Veterans, and the Project is *not* designed to produce information that expands the knowledge base of a scientific discipline (or other scholarly field). As such, the Project is a non-research operations activity, as defined in VHA Handbook 1058.05 (5)(a).
4. The Project has or will obtain the support of medical center leaders at sites in VISN 22 where project activities will involve the participation of providers, staff, Veteran volunteers, and patients in a quality improvement process. As needed, we will seek concurrence from unions as required per collective bargaining agreements.
5. The project will compile information in the form of written or electronic field notes, audio recordings and transcripts. Although disclosure of information about clinical best practices and access barriers is of little risk to individual participants, we will follow best practices for protecting confidentiality as follows: Discussions with individuals at each practice may be audio-recorded and transcribed. Both the recording and the transcript will be assigned a code that does not directly identify the individual(s). A "crosswalk" linking the codes to individuals will be stored securely and will be accessible only to the VAIL site visit team, for record-keeping and analysis purposes. After transcription the interview recording will be destroyed. None of the primary care practice leaders, facility leadership, or VISN leadership will have access to any individual responses, nor will they be able to connect individual response to specific individuals. Only members of the VAIL site visit team will hear the interviews and read the transcripts, which will be stored securely and destroyed at the end of the project.
6. If Project team members ever intend to augment or analyze project activities to produce generalizable knowledge by expanding the knowledge base of a scientific discipline, they will submit the proposed activities or analyses for prior Institutional Review Board review and approval.



Timothy Dresselhaus, MD, MPH
Chair, VA Desert Pacific Healthcare Network (VISN 22) Primary Care Committee