

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: XXXX-YYYY)

TITLE OF INFORMATION COLLECTION: Community Nursing Home Program Interviews

PURPOSE: Community Nursing Home Program Interviews represents a unique opportunity to identify variation in the quality of VA-contracted community nursing home (CNH) care Veterans receive and understand ways to improve purchasing policies and practices related to contracting with quality CNH care. In this era of value-based purchasing, there is a need to understand variation in the quality of contracted CNH care veterans receive, the effect of high-quality CNH care on Veteran outcomes, and the factors that lead to purchasing of high-quality CNH care for Veterans. Part of this study will include semi-structured interviews with VHA staff and nursing home staff to identify incentive characteristics and contextual factors that contribute to the purchase of high-quality CNH care for Veterans. These findings from this study will be used to create a web-based toolkit to inform program revisions and how the VHA purchases CNH care.

DESCRIPTION OF RESPONDENTS: Interview respondents will be community nursing home staff who are administrators and contracting managers involved in the process of contracting with the VHA.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Interview</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name, Position Title and Credentials: Cari Levy, MD, PhD

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? Yes No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Community Nursing Home Staff	140	60 minutes	140 hours
Totals	140	60 minutes	140 hours

FEDERAL COST: The estimated annual cost to the Federal government is __\$0_____

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Description of site visits and in-person interviews

We will recruit VAMC CNH Program Coordinators (members of VAMC staff) for interviews from a list of VA-based CNH coordinators (provided by our operational partners in Geriatrics and Extended Care). VA-based CNH Program Coordinators will be mailed an initial U.S.P.S letter and email introducing the study. Both the letter and email will have an option to opt out of future contact if they are not interested in participating in this study. Once the letter/email have been sent, an initial phone call will be placed after 5 days if no response to letter/email. If no answer, a second follow-up email will be sent describing the study again and notifying them of a future follow-up call and a reminder of the option to opt out. If no response within 5 days following this email correspondence, a second call will be placed to reach the identified individuals. If no

answer again, a third email will be sent again reminding them of the study and option to opt out. If still no response, a final (third) phone call 5-7 days later will be made. This final attempt will include a voice mail message if no answer, letting them know this is our final attempt and if they are still interested at any time, they may follow up.

VAMC staff who participate in interviews will be asked to make recommendations on local CNH facilities and CNH staff who may be able to assist in this research based on their knowledge of VA contracting. Based on these recommendations, we will reach out to CNH staff and recruit them for interviews. A similar process will be used when recruiting the CNH staff members. We will not specifically identify the VAMC staff to the CNH staff that was recommended but they will be notified that we did get a local recommendation from their VAMC about the potential of their participation. Additionally, we will not disclose to the VAMC staff any information regarding the participation status of any CNH staff.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.