

TITLE OF INFORMATION COLLECTION: Project ATLAS (Advancing Telehealth through Local Access Stations) Telehealth Care Provider Survey

VA Provider and Clinical Provision Influencer Telehealth Care Provision Perceptions: A Human Centered Design Approached ATLAS Project Marketing Strategy Survey.

PURPOSE:

The scope of this project focuses on gathering national survey input from VHA providers and influencers. Providers for this project are defined as MDs, Physicians Assistants, Nurse Practitioners, Psychiatrists, Psychologists, Nutritionists, Social Workers, and Clinical Pharmacy Specialists. Influencers are Registered Nurses, Licensed Practical Nurses, Schedulers, Nutritionists, Social Workers, and Clinical Pharmacy Specialists. They serve in Urban, Rural, and Highly Rural designated facilities at both VA Medical Centers and their Community Based Out-Patient Clinics.

The subject sample invited to participate will be identified by each VHA VISN and include 10 individuals from each professional concentration described above with representation from each population density designation. A response rate of approximately 30% is anticipated. The number of responses is quite high, but the scope of the LVA team analysis will be narrowed following data collection to balance time constraints and available resources.

Post data collection qualitative methods will be utilized for determining thematic patterns. To do so, emerging broad themes will be assigned a number, and responses will be coded for those themes. 5 primary themes will be identified within the agreed upon sample. Once coded, relational patterns between each of the variables will be quantitatively defined. Although a large repository of data will be garnered through this effort, more in depth future analysis will be conducted by the ATLAS Project team and a repository of baseline data established.

DESCRIPTION OF RESPONDENTS:

The scope of this project focuses on gathering national survey input from VHA providers and influencers. Providers for this project are defined as MDs, Physicians Assistants, Nurse Practitioners, Psychiatrists, Psychologists, Nutritionists, Social Workers, and Clinical Pharmacy Specialists. Influencers are Registered Nurses, Licensed Practical Nurses, Schedulers, Nutritionists, Social Workers, and Clinical Pharmacy Specialists. They serve in Urban, Rural, and Highly Rural designated facilities at both VA Medical Centers and their Community Based Out-Patient Clinics.

Here is a list of respondents: (demographic information)

1) VA locations:

VA Medical Center (Urban), VA Medical Center (Rural), CBOC (Urban), CBOC (Rural), CBOC (Highly Rural), and Other, if applicable

2) VA Employees:

MD/PA/NP, Psychiatrist, Psychologist, RN, LPN, Scheduler, Nutritionist, Social Worker, Clinical Pharmacy Specialist, and Other, if applicable

3) Primary Involvement:

PACT Care, Specialty Care, Mental Health Care, Ancillary Services, and Other, if applicable

4) Non-government employees in rural and urban areas

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" 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 type="checkbox"/> Other: _____ |

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:

Cortney Frosch, MSN, RN, CNL, CDE - National ATLAS Team

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
Federal Government	300	3 minutes	15
Individuals or Households	300	3 minutes	15
Totals	600	3 minutes	30

FEDERAL COST: The estimated annual cost to the Federal government is: N/A

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?
[X] 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?

See list in Description of Respondents (above).

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] 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.