U.S. Department of Veterans Affairs

Estimated Burden: 3 minutes

The purpose of this notification is to indicate the intention to offer a voluntary, anonymous and confidential survey to employees in VHA telemedicine pursuant to MISSION. This voluntary, anonymous and confidential information will be used to better equip these employees with tools and information to improve the experience of VA employees who directly serve Veterans, and to meet specific reporting requirements mandated by the MISSION Act.

Help us serve you better

We want to hear about your exposure to Telehealth services. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately three minutes to complete.

It is clear to me what technology I would need to conduct Telehealth for my specialty. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I feel as though Telehealth would be compatible with my specialty. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

1	2	3	4	5

I anticipate Telehealth equipment and software would be easy to use. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Educational resources (e.g., TMS training and SharePoint) regarding Telehealth are easily accessible. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Telehealth would allow me to more efficiently provide care to my patients. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

My local leadership encourages the use of Telehealth. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I can provide quality care through Telehealth services. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I trust the VA Telehealth Services to support me in providing successful Telehealth care to my patients. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Can VA contact you about your feedback? Required

- ○ Yes, VA can contact me about my experience.
- ○ No, I do not want VA to contact me about my experience.

Finish

VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. Information gathered will be kept private to the extent provided by law.

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Thank you for your feedback!

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA Telehealth Services.

Check out our Telehealth educational and training opportunities:

Telehealth Information

Telehealth TMS Training

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