

SUPPORTING STATEMENT A

**SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS (SHEP)**

**DENTAL CARE PATIENT SATISFACTION SURVEY**

VA Form 10-10070

**OMB Control Number 2900-0764**

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.**

The mission of the Veterans Health Administration (VHA) is to provide high quality medical and dental care to eligible veterans. Executive Order 12862, dated September 11, 1993, calls for the establishment and implementation of customer service standards, and for agencies to “survey customers to determine the kind and quality of services they want and their level of satisfaction with current services”.

The Dental Patient Satisfaction Survey is comprised primarily of questions taken from two validated and extensively tested surveys. The first survey is the VA Nation-wide Customer Satisfaction Survey: Survey of Health Experience of Patients (SHEP); this has OMB approval under clearance number 2900-0712. The second survey, Dental Consumer Assessment of Healthcare Provider and Systems (DCAHPS), was developed by the Agency for Healthcare Research and Quality (AHRQ). The psychometric properties of this survey are well documented, and the survey has been used extensively in measuring patient satisfaction for TRICARE dental services.

**2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.**

The overall purpose of the VHA Office of Dentistry Dental Patient Satisfaction Survey is to systematically obtain information from patients that can be used to identify problems or complaints that need attention and to improve the quality of dental health care services. The Office of Dentistry (OOD) currently tracks a number of clinical parameters indicative of quality care (e.g., appropriate use of fluoride products in high caries risk patients, frequency of dental examinations and care provided to medically compelling patients); however, patient satisfaction with this care is not specifically measured.

Information obtained from this dental survey will be made readily available to VA Central Office (VACO), Veterans Integrated Service Network (VISN), VHA field staff, and stakeholders as part of the Network Performance Report and via the VA Intranet. This data will be used to demonstrate that VA is providing timely, high quality health care services to patients and to measure improvement toward the goal of matching or exceeding non-VA external benchmark performance. It is important to note that external benchmarks for dental care are scarce. One benchmark that is available now is the DCAHPS survey currently in use and upon which part of this survey is based.

Each VISN has designated a Quality Management Officer (QMO) whose responsibility is to act as a resource for field staff in the explanation of data and for determining opportunities for improvement of services. Furthermore:

- Customer Feedback information is provided to VA medical center staff, VACO management, and others interested in the quality of medical services provided to VA patients. The survey results for each center are used as a local management tool for assessing and improving the quality of services being provided to their patients.
- VACO management receives system wide and VISN specific aggregated data, permitting longitudinal trend analysis of changes over time. Information obtained through this survey is useful at all levels to plan and redirect resources and efforts to improve or maintain a high quality of care to VA beneficiaries. If this information is not collected, vital feedback regarding patients' treatment by providers, related services, and patient-staff communication will not be available.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

To meet the goals of the Government Paperwork Elimination Act (GPEA), VA continues to explore ways to implement a web-based access system for veterans to input Customer Satisfaction Surveys. It is anticipated that the implementation of this system will eventually save the government money, in that fewer mailings and returns will be required to accurately measure and report patient perceptions of VHA care and service at the point of care delivery. The impact of a web-based access system upon the customer time burden is unknown currently. It has also not been proven that improved information technology will decrease the burden on the public as many individuals are not computer or tech savvy, which creates additional burden on the public. Other options will continue to be explored within budget restraints.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

There is no information currently being systematically collected specifically regarding dental care that can be used to measure patient satisfaction. Although there are some local patient satisfaction surveys performed, they are focused on a single dental clinic, and do not permit system wide and VISN specific aggregated data or longitudinal trend analysis of changes over time. Furthermore, local surveys would not be a reliable basis from which to develop national policies, establish performance targets, or make reliable, valid non-VA comparisons, as required by the Executive Order.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

The survey submissions are for individual benefits, no small businesses or other small entities are impacted by the information collection.

**6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

If this survey information is not collected, VA would not be responsive to the needs of the patients and to the legal requirement to release of information, if information were collected less frequently.

**7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.**

There are no such special circumstances.

**8. a. If applicable, provide a copy and identify the date and page number of the publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.**

The notice of Proposed Information Collection Activity was published in the Federal Register on September 3, 2021 (Vol. 86, No. 169, pages 49599-49600). VA received one comment in response to this notice. The program office reviewed the comment and determined that no action was necessary with regard to this information collection.

The 30-day notice of Agency Information Collection Activity Under OMB review was published in the Federal Register on November 15, 2021 (Vol. 86, No. 217, page 63105).

**b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.**

Outside consultation will be conducted with the public through the 60- and 30-day Federal Register notices.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payment or gift is provided to respondents.

**10. Describe any assurance of privacy, to the extent permitted by law, provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

Each patient who participates is assured privacy. It is recognized that the survey must be completely voluntary to provide reliable results. Survey instructions to patients specify and underscore that responding to the survey is completely voluntary, private, and will have no effect on entitlement to or eligibility for VA medical benefits, and that the form does not need to be signed. The patient completes the questionnaire anonymously (giving neither name nor social security number) and returns it to the contractor collecting data for OOD. All returned survey documents are destroyed once the dataset created from those documents has been validated. Since the responses are not individually identifiable, there is

no need to store or process these forms in accordance with the Privacy Act. Nonetheless, the VA adheres to U.S.C. 38, Section 3305, which mandates the privacy of medical quality-assurance records.

**11. Provide additional justification for any questions of a sensitive nature (Information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

There are no questions of a sensitive nature.

**12. Estimate of the hour burden of the collection of information:**

**a. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:**

<b>VA Form 10-10070</b>	<b>No. of respondents</b>	<b>x No. of responses</b>	<b>x No. of minutes</b>	<b>÷ by 60 =</b>	<b>Number of Hours</b>
<b>Survey</b>	50,400	1	15		<b>12,600</b>

**b. If this request for approval covers more than one form, provide separate hour burden estimates for each form, and aggregate the hour burdens in Item 13.**

This request covers only one form.

**c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

The respondent population for VA Form 10-10070 is composed of veterans who are receiving dental services. VA cannot make assumptions about the population of respondents because of the variability of factors such as the educational background and wage potential of respondents. Therefore, VHA used general wage data to estimate the respondents' costs associated with completing the information collection.

The Bureau of Labor Statistics (BLS) gathers information on full-time wage and salary workers. In accordance with the latest available BLS Occupational Wage Code Mean Hourly (March 31, 2021), the mean hourly wage is \$27.07 based on the BLS wage code – "00-0000 All Occupations." This information was taken from the following website: [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm).

Legally, respondents may not pay a person or business for assistance in completing the information collection. Therefore, there are no expected overhead costs for completing the information

collection. VHA estimates the total cost to all respondents to be \$341,082 (12,600 burden hours x \$27.07 per hour).

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

- a. There are no capital, start-up, operation, or maintenance costs.
- b. Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent.
- c. There is no anticipated recordkeeping burden beyond that which is considered usual and customary.

**14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.**

The estimated annual cost of VA Form 10-10070 to the Federal Government is \$425,821. This annual cost includes \$300,821.00, part of an existing multi-year contract for conducts a Survey of Healthcare Experiences of Patients Dental Care, Web Base Site and Reporting, and Benchmark Surveying. Mailing and printing costs of \$125,000, established with an Intra-Agency Cross Servicing Support Agreement with Office of Procurement, Acquisition and Logistics, Publication Service Division, and contracted with Government Printing Office.

**15. Explain the reason for any burden hour changes or adjustments reported in items 13 or 14.**

VA does not project any burden hour changes or adjustments reported in items 13 and 14.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

VA does not intend to publish this data.

**17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

VA seeks to minimize the cost to itself for collecting, processing, and using the information by not displaying the expiration date. VA seeks an exemption that waives the displaying of the expiration date on this VA Form. The VA Form may be reproduced by the respondents and VA field facilities from the Internet and then stocked. If VA is required to display an expiration date, it would result in unnecessary waste of existing stock of the forms. Inclusion of the expiration date would place an unnecessary burden on the respondent (since they would find it necessary to obtain a newer version, while VA would have accepted the old one).

**18. Explain each exception to the certification statement identified in Item 19, “Certification for Paperwork Reduction Act Submissions,” of OMB 83-I.**

There are no exceptions.