Request for Approval under the "Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation"
(OMB Control Number:2900-0876)

TITLE OF INFORMATION COLLECTION: Office of Community Care – IVC Survey Collection

PURPOSE OF COLLECTION:
What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?

The Office of Community Care (OCC) within the Office of Integrated Veteran Care (IVC) has a set of six surveys that are designed to measure customer experience journey with several touchpoint interactions they may have in navigating Community Care. This is an update to the current set of surveys with updated question sets to better reflect previous lessons learned, along with future actionable data points. This question set update will expand their ability to provide proactive service recovery to evaluate and deploy process improvements to improve VHA Community Care customer experiences.

The centralized VHA Community Care program feedback loop with corresponding analytics, trending and case management empowers the Office of Community Care's ability to: respond rapidly to emerging issues; gauge impacts from new processes and legislation at a Community Care enterprise level; provide service recovery for negative experiences; and ultimately regain Veterans' trust in VA and Community Care services.

Veterans experience data is collected by using online transactional surveys disseminated via an invitation email sent to randomly selected veterans. The data collection occurs once per week with invitation being sent out within 8 days of Community Care interaction. The questionnaires are brief and contain general Likert-scale (a scale of 1-5 from Strongly Disagree to Strongly Agree) questions to assess customer satisfaction as well as questions revolving around a human-centered design, focusing on such elements as trust; ease; emotion; effectiveness; and efficiency with the service. The participant can choose to exit the survey at any time before submitting their survey response. After the survey has been distributed, recipients have two weeks to complete the survey and will receive a reminder email after one week.

TYPE OF ACTIVITY: (Check one)

[X] Customer Research (Interview, Focus Groups, Surveys)
[   ] Customer Feedback Survey
[   ] Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
   [   ] Yes
   [X] No
   [   ] Not a survey

2. 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

3. Who will you collect the information from?
Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)

The target population of the Community Care Survey is defined as any Veterans who has interacted with Community Care in the past week. The table below summarizes the qualifying interactions.

Table 1. Target Population for Each Survey	Qualifying Interaction
Survey 1: Choosing VA Community Care	Selected Community Care coverage
Survey 2: Scheduling a VA Community Care Appointment	Made a Community Care appointment
Survey 3: Attending a VA Community Care Appointment	Saw a Community Care provider
Survey 4: Filling a Prescription Through the VA Community Care	Filled a prescription through Community Care
Survey 5: Emergency Community Care	Saw an Emergency or Urgent Care Community provider
Survey 6: Calling VA About Community Care Billing Questions	Contacted VA about Community Care billing

4. How will you ask a respondent to provide this information?
(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

The sample frame is prepared by extracting population information directly from VHA's Corporate Data Warehouse. These extracts are also used to obtain universe figures for the sample weighting process. The Veteran is the primary sampling unit and is randomly selected from the population according to a stratified design. The invitation will collect personal information covered under Veterans, Dependents of Veterans, and VA Beneficiary Survey Records (43VA008). The survey will also utilize implicit stratification or balancing by age, gender, and location. A subset of veterans in each touchpoint of the OCC journey will be randomly selected to participate in the survey.   In total, there will be 6 total sets of survey questions. Veterans will complete these email invitation-based surveys on a voluntary basis. The burden times range from 3-5 minutes for completion.

5. What will the activity look like?
Describe the information collection activity – e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The survey will be offered to a subset of Veterans who have interacted with the OCC providers. Patients will complete these email invitation-based surveys on a voluntary basis. The burden times average range from 3-5 minutes for completion.

The survey will consist of seven to 13 questions, offered via an email invitation. It will consist of questions revolving around a human-centered design, focusing on such elements as trust; satisfaction; quality; and employee helpfulness.

6. Please provide your question list.
Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

Survey 1: Choosing Community Care

Before choosing to use community care, I was given the option to get my care from a VA clinician using telehealth. Y/N/Unsure
Someone from my VA healthcare team explained my options offered through VA and Community Care in a way I could understand. Disagree/Agree
My VA care team presented me with the following options while discussing my treatment plan: Select all that apply a. Obtaining care within my 'home' VA facility b. Telehealth (Video/Telephonic) c. Obtaining care from another VA facility in my region d. Obtaining care from a DOD partner facility e. None of the above
I clearly understood why I was referred to a community provider. Disagree/Agree
What are your reasons for choosing community care (multiple choice – potential responses – choose all that apply) a. The community provider was closer to my home/job. b. I thought community care would be faster c. My VA did not have the type of care I needed. d. Community care offered earlier/later times that worked better with my schedule. e. My VA provider and I decided it would be in my best medical interest . f. Other
My transportation needs were discussed with me prior to choosing to use community care. Disagree/Agree
I am confident VA will coordinate my care with my community provider. Disagree/Agree
I am satisfied with the way my VA care team worked with me in making the decision to use community care. Disagree/Agree
I trust VA to coordinate the best treatment for my healthcare when and where it's needed. Disagree/Agree

Billing Community Care

I understood whom to contact if I receive a bill from my Community Care provider or collection agency. Disagree/Agree

I received a community care bill or was contacted by a collection agency for: Select all that apply:
 	
  *Authorized community care (I had a referral)
  *Unauthorized community care (I did not have a referral)
  *Emergency care
  *Urgent care
  *Supportive services (x-ray, labs)
  *Medical equipment

It was easy to contact VA community care contact center to address a question or concern about an outstanding bill from a community provider or collection agency from a community care visit. Disagree/Agree
VA addressed my billing concerns or credit reporting issues with respect and dignity. Disagree/Agree
The VA addressed my billing or credit reporting issues related to a community care bill in a resonable amount of time. Disagree/Agree
I am satisfied with VA's response to my community care billing needs. Disagree/Agree
I trust VA to partner with me to reslove any billing or credit issues that might result from using community care. Disagree/Agree

Scheduling Community Care

How was your VA community care appointment scheduled?
 	
  *VA Scheduler (skips to question 3)
  *I contacted the community provider (trigger for 2)
  *The community provider contacted me (trigger for 2)
  *I'm not sure (trigger for 2)

Before my appointment was scheduled, I was made aware that VA staff are available to assist with the scheduling process
 	
  *yes
  *no
  *I don't remember

The [scheduling entity] addressed my scheduling needs. Disagree/Agree
It was easy to schedule my community care appointment. Disagree/Agree
I was able to get an appointment on a date and time that worked best for me. Disagree/Agree

After choosing community care I was contacted within ____ days to schedule my appointment
  *0-7 days
  *8-14 days
  * 15-21 days
  * >21 days

I was treated with respect and care when I scheduled my appointment. Disagree/Agree

I understood how to cancel or change my appointment with [CC Provider Name]. Disagree/Agree
The [Scheduling Entity] explained what to expect regarding my appointment in a way that I could understand.

Which information did you receive in your referral letter? Select all that apply:
      *Category of care/specialty
      *Referral/authorization number
      *Community provider/facility
      *Community location/care site
      *Community provider telephone number
      *How to request additional service
       *I did not receive a referral letter

I trust VA to coordinate my care with my community provider. Disagree/Agree

Attending Community Care

The time between discussing community care with VA and having my community care appointment met my expectations. Disagree/Agree
During my appointment with [CC provider name] I knew what to expect. Disagree/Agree
It was easy for me to secure transportation to this community care appointment. Disagree/Agree
[CC provider name] was well-versed in how to properly treat and care for my unique needs as a Veteran. Disagree/Agree
I am confident that my VA health information was provided to [CC provider name] to ensure I received quality care. Disagree/Agree
During my most recent appointment, I was treated with compassion and respect. Disagree/Agree
I am satisfied with the care I received from [CC Provider Name]. Disagree/Agree
After my community care appointment I received medical equipment (eyeglasses, wheelchair, hearing aids, etc.) Y/N
The process to obtain my medical equipment met my expectations. Disagree/Agree
I trust VA to arrange the best care to address my medical needs. Disagree/Agree
I trust VA to coordinate my care with my community provider. Disagree/Agree

Prescription Community Care

I understood how to fill a prescription written by my community provider. Disagree/Agree
I understand whom to contact if I have questions or concerns regarding filling a prescription written by my community provider. Disagree/Agree
It was easy to fill my recent prescription written by my community provider. Disagree/Agree
I received my prescription from my recent community care appointment in a reasonable amount of time. Disagree/Agree

VA pharmacy staff was helpful when answering questions about prescriptions written by my community provider. Disagree/Agree
I trust VA pharmacy to meet my community care prescription needs. Disagree/Agree

Emergency Community Care

When I arrived at the front desk at Community [ER/ Urgent Care], I was treated with compassion and respect. Disagree/Agree
Once my clinical treatment began, the Community [ER/ Urgent Care] healthcare team listened to my concerns and showed they cared. Disagree/Agree
Once my clinical treatment began, the Community [ER/ Urgent Care] healthcare team checked in with me regularly and kept me in the loop. Disagree/Agree
After my ED/UC visit, I understood any next steps I needed to take to manage my health. Disagree/Agree
The Community [ER/ Urgent Care] healthcare team made it easy for me to understand my discharge instructions. Disagree/Agree
Overall, the community care [ER/UC] was clean. Disagree/Agree
Overall, I feel my wait time was reasonable. Disagree/Agree
Overall, I was satisfied with the service at Community [ER/ Urgent Care]. Disagree/Agree
Based on this Community [ER/ Urgent Care] visit, I trust Community [ER/ Urgent Care] to serve me in the future. Disagree/Agree

7. When will the activity happen?
   Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

   The survey will take place after an interaction with the VA for the Choosing Community Care survey. All other surveys are based on an interaction or experience with a community provider.

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
   [   ] Yes [X] No
   If Yes, describe:

N/A

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	65,000 Annual	3-5 minutes	4900 hours
Choosing Comm Care	10000	5 minutes	834 hours
Scheduling Comm Care	12000	4 minutes	800 hours
Attending Comm Care	15000	4 minutes	1000 hours
Prescription Comm Care	13000	5 minutes	1083 hours
Billing Comm Care	13000	5 minutes	1083 hours
Emergency Comm Care	2000	3 minutes	100 hours

CERTIFICATION:

I certify the following to be true:
1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name and email address of person who developed this survey/focus group/interview:

Name: __**Brian Brown**_____

Email address: _**brian.brown3@va.gov**_____

All instruments used to collect information must include:
OMB Control No. 2900-0876
Expiration Date: 02/28/2026

HELP SHEET
(OMB Control Number: 2900-0876)

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.

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: 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.

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.