

Supporting Statement B
Care Coordination Home Telehealth (CCHT)
Patient Satisfaction Survey
VA Form 10-0481 OMB 2900-XXXX

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

Collection of this information is required for program evaluation and statistical estimation techniques such as sampling or imputation, frequency, or other statistical estimation techniques will be used.

1. Provide a numerical estimate of the potential respondent universe and describe any sampling or other respondent selection method to be used. Data on the number of entities (e.g., households or persons) in the universe and the corresponding sample are to be provided in tabular format for the universe as a whole and for each strata. Indicate expected response rates. If this has been conducted previously include actual response rates achieved.

The Veteran population that is currently enrolled in Care Coordination Home Telehealth programs across the nation at this time is nearly 41,000. Enrollment continues to grow daily with the target for enrollment in CCHT currently set to increase by 75% by 2012.

2. Describe the procedures for the collection of information, including:

- **Statistical methodology for stratification and sample selection**
- **Estimation procedure**
- **Degree of accuracy needed**
- **Unusual problems requiring specialized sampling procedures**
- **Any use of less frequent than annual data collection to reduce burden**

Each vendor administers this survey under a contractual agreement to each patient at 30 days following enrollment in the program and quarterly thereafter. Each patient's responses to the satisfaction survey questions are transmitted electronically from the patient device to the vendor's server, which is located behind the VA firewall, at least weekly. Individual patients' responses are electronically scored utilizing a four-point satisfaction scale. Neither raw data nor scores from individual patients' surveys are viewable by Care Coordinators thru the vendor viewer. In some circumstances, patients may choose to not answer the survey questions when they are presented on the device.

This vendor-submitted data from the patient satisfaction surveys is electronically collected into a dataset by the Office of Emerging Healthcare Technologies (OEHT). This data is provided to clinical and administrative staff members in browser-based display. The display provides for the survey data to be summarized with the ability to select the timeframe for the review of data and with the ability to select data at the national, VISN or facility levels for comparison over time and for benchmarking across sites. The summary data can be evaluated and utilized by each of the individual program sites as part of their program-specific performance improvement initiatives. The summary data for each VISN is also included on the Office of Telehealth Services quarterly Score Card.

This process allows for collection and analysis of the data on a national platform without the need for the use of paper, data entry or analysis of data on distributed databases. This survey will provide data from individual questions that are much more specific, and therefore more directly actionable, for the CCHT program. The generic nature of the current survey questions provide much less opportunity for follow up to any individual items that might be deemed less than satisfactory. This new survey will afford much

greater opportunity for corrective actions at the program level, the VISN level or the national level, should that be indicated.

The survey will be offered to all enrolled patients so that the survey will yield reliable data that is generalizable to the universe of patients using messaging technologies who are enrolled in CCHT programs. Utilization of sampling (instead of offering the survey to all enrolled patients) would be a technically more difficult and, therefore, more costly process for the VA to establish with the vendors who deliver the surveys electronically under contractual agreement.

3. Describe methods to maximize response rate and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield “reliable” data that can be generalized to the universe studied.

All CCHT enrolled veterans receive instruction from the home telehealth device regarding the importance of taking the survey. We will also add pre-notification of the electronic survey to the enrollment packets of all newly enrolled patients so that they know to expect the electronic survey on their device and are aware of its importance in evaluating the program. This pre-notification will also serve to assure veterans that their care coordinators will not be able to see their individual responses so that they can feel comfortable in completing the survey and in providing forthright responses. Each enrolled veteran has a care coordinator assigned who also reinforces the importance of completing the survey as well. Currently, quarterly responses average around 16,400 for the satisfaction survey which is a 40% response rate. Meta analysis and other studies have shown that such a response rate may not yield less accurate results than those with higher rates and, in fact, some surveys with even lower response rates (near 20%) yielded more accurate measurements than did surveys with higher response rates.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions of 10 or more individuals.

Twenty-five patients in the VA home telehealth program agreed to participate in cognitive interviews to gauge their comprehension of the revised eight-item satisfaction survey. Results indicate that comprehension of the questions’ intent is quite high.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

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