

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: Community Care Satisfaction Survey

PURPOSE

The VA Office of Community Care located in Saginaw, Michigan, intends to ensure the quality of customer service and satisfaction provided to Veterans aligns with the VA Secretary’s priority. The survey will provide information on the Veterans’ satisfaction with the Community Care pilot program with Ann Arbor and Detroit VA for specialties not available in Saginaw. The survey will be instrumental to the Office of Community Care in their efforts to improve specialty care options and to ensure patient overall satisfaction with their experiences using the Community Care options.

In order to capture the voice of the Veterans using the Community Care options, the Veteran Experience Office (VEO) will leverage VSignals to collect feedback through a short, low burden customer experience survey delivered as a URL. The survey is completed via a web-based survey design and contains questions to identify customer satisfaction and customer service areas that may need improvement. The survey will in no way collect nor share personally identifiable information. The participant can choose to exit the survey at any time before submitting their survey response.

DESCRIPTION OF RESPONDENTS:

The survey will be offered to Veterans who have been contacted by Ann Arbor or Detroit VA to schedule a specialty appointment. There will be the following statement asking the readers to take the survey:

“We want to hear about your experience with the Community Care program. We have started a pilot program with our partners in Ann Arbor and Detroit VA’s for specialties not available in Saginaw. Recently you have been contacted by Ann Arbor or Detroit VA to schedule a specialty appointment and we want to hear from you about your experience. By responding to this survey, you will directly help us improve the program and provide better support to Veterans like you.”

Participants will choose whether they want to click on the link and whether they want to participate after opening the survey. The participant can choose to exit the survey at any time before submitting their survey response.

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. Personally identifiable information (PII) is collected only to the extent necessary and is not retained.
5. Information gathered is intended to be used for general service improvement and program management purposes.
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.
7. All or a subset of information may be released as part of A-11, Section 280 requirements on performance.gov. Additionally, summaries of the data may be released to the public in communications to Congress, the media and other releases disseminated by VEO, consistent with the Information Quality Act.

- Name: Michael Lew, Michael Lew, VSignals Implementation Lead, Veterans Experience Office, VA, (858) 232-8494

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Will this survey use individualized links, through which VA can identify particular respondents even if they do not provide their name or other personally identifiable information on the survey? ☐ Yes ☒ No
2. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
3. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No ☒ N/A
4. If Yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No ☒ N/A

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
Individuals	300 Annual	3 minutes	15 hours
Totals	300 Annual	3 minutes	15 hours

Please answer the following questions.

1. **Are you conducting a focus group, a survey that does not employ random sampling, user testing or any data collection method that does not employ statistical methods?**

Yes X

No --

If Yes, please answer questions 1a-1c, 2 and 3.

If No, please answer or attach supporting documentation that answers questions 2-8.

- a. Please provide a description of how you plan to identify your potential group of respondents and how you will select them.
- The survey will be offered to Veterans who have been contacted by Ann Arbor or Detroit VA to schedule a specialty appointment that was not available in Saginaw VA. There will be the following statement asking the readers to take the survey:

“We want to hear about your experience with the Community Care program. We have started a pilot program with our partners in Ann Arbor and Detroit VA’s for specialties not available in Saginaw VA. Recently you have been contacted by Ann Arbor or Detroit VA to schedule a specialty appointment and we want to hear from you about your experience. By responding to this survey, you will directly help us improve the program and provide better support to Veterans like you.”

Participants will choose whether they want to click on the link and whether they want to participate after opening the survey. The participant can choose to exit the survey at any time before submitting their survey response.

- b. How will you collect the information? (Check all that apply)

☒ Web-based or other forms of Social Media

☐ Telephone

☐ In-person

☐ Mail

☐ Other- E-mail-based surveys

- c. Will interviewers or facilitators be used? ☐ Yes ☒ No

2. Please provide an estimated annual cost to the Federal government to conduct this data collection:

 \$13,000

3. Please make sure that all instruments, instructions, and scripts are submitted with the request. This includes questionnaires, interviewer manuals (if using interviewers or facilitators), all response options for questions that require respondents to select a response from a group of options, invitations given to

potential respondents, instructions for completing the data collection or additional follow-up requests for the data collection.

- Done
4. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection methods to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.
 - Not applicable
 5. Describe the procedures for the collection of information, including:
 - a. Statistical methodology for stratification and sample selection.
 - b. Estimation procedure.
 - c. Degree of accuracy needed for the purpose described in the justification.
 - d. Unusual problems requiring specialized sampling procedures.
 - e. Any use of periodic (less frequent than annual) data collection cycles to reduce burden.
 - Not applicable.
 6. Describe methods to maximize response rates and to deal with issues of nonresponse. 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.
 - Not applicable.
 7. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.
 - Not applicable.
 8. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractors, grantees, or other person(s) who will actually collect or analyze the information for the agency.
 - Evan Albert, Dir. of Measurement and Data Analytics, Veterans Experience Office, VA, (202) 875-9478
 - Michael Lew, VSignals Implementation Lead, Veterans Experience Office, VA, (858) 232-8494
 - Meghan Jurek, Chief, Community Care Program, VA, (989) 497-2500 ext. 131

