


**SUPPORTING STATEMENT**

**Re-approval of the Voluntary Customer Survey Generic Clearance  
for the Agency for Healthcare Research and Quality  
OMB No. 0935-0106**

**A. JUSTIFICATION****1. Need for Information**

Executive Order 12862 directs agencies that "provide significant services to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services." This is a request for the Office of Management and Budget (OMB) to re-approve for an additional 3 years, under the Paperwork Reduction Act of 1995, the generic clearance for the Agency for Healthcare Research and Quality (AHRQ) to survey the users of AHRQ's work products and services. AHRQ is the lead agency charged with supporting research designed to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on healthcare outcomes; quality; and cost, use, and access. The information helps healthcare decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of healthcare services. The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Re-approval of the generic clearance will aid us in achieving this mission.

Customer surveys will be undertaken by AHRQ to assess its work products and services provided to its customers, to identify problem areas, and to determine how they can be improved. For example, AHRQ's Office of Communications and Knowledge Transfer (OCKT) is working with the Federal Consulting Group within the Department of the Treasury to determine how effective the agency's web site is and how it might be improved. Attachment A contains a list of surveys initiated under this guidance during the past three years as well as surveys being considered to demonstrate the nature of work covered by this clearance.

Surveys conducted under this generic clearance are not required by regulation and will not be used by AHRQ to regulate or sanction its customers. Surveys will be entirely voluntary, and information provided by respondents will be combined and summarized so that no individually identifiable information will be released.

In accordance with OMB guidelines for generic clearances for voluntary customer surveys and Executive Order 12862, AHRQ (1) has established an independent review process to assure the development, implementation, and analysis of high quality customer surveys within AHRQ; (2) will provide periodic progress reports on the conduct of surveys under the generic approval, summarizing the actual burden; (3) will provide OMB with copies of the survey instruments for inclusion in the docket; and, (4) will notify OMB of any significant changes in proposed survey instruments.

**2. How, by Whom, and for What Purpose Information Will Be Used**

The information collected through focus groups and voluntary customer surveys will be used by AHRQ to identify strengths and weaknesses in products and services to make improvements that are practical and

feasible. Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to the lay and health professional public.

### **3. Use of Improved Information Technology**

Improved electronic technology (e.g., AHRQ Web-based materials) will be used whenever possible to reduce the burden on the public. In some instances, however, the most appropriate methodology will involve written or oral responses to brief questionnaires, interviews and focus groups.

### **4. Efforts to Avoid Duplication**

Each survey will be designed to reflect the specifics of the customer population served. During the development of these voluntary instruments, numerous groups within and outside of AHRQ will be consulted. Plans to conduct surveys will be reviewed prior to implementation, and any potential duplication will be identified in the review and approval process.

### **5. Small Businesses**

The survey instruments and procedures for completing the instruments will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities. The burden is entirely voluntary.

### **6. Consequences of Less Frequent Collection**

These surveys are appropriate vehicles to examine public perception of AHRQ's ability to respond timely to the needs of their customers. Much of AHRQ's work is rapid-cycle and demand-driven. Collection of data on a less frequent basis would reduce the practical utility of the information as well as inhibit the ability of AHRQ to identify and monitor problems and to make changes to improve products and services.

### **7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)**

The data collection efforts will be consistent with the guidelines at 5 CFR 1320.5(d)(2).

### **8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

AHRQ will consult with in-house statistical staff, other Federal agencies, and other organizations, which have conducted, or may conduct, similar surveys to identify areas of interest and concern to customers. As appropriate, AHRQ will establish panels of outside experts to assist in design and implementation of the surveys.

Comments on 60-day Federal Register Notice, if any, will be included as an attachment herein and become a matter of public record.

### **9. Remuneration of Respondents**

AHRQ will provide no remuneration to respondents to written, telephone, web, or any other form of survey or interview. AHRQ will, on a case-by-case basis, consider modest remuneration for focus group participant's time and travel. In such cases, the remuneration will not exceed \$50 per individual. Remuneration for focus group participation is a recognized standard industry practice, without which, it

would be difficult to achieve appropriate and adequate participation.

#### 10. Assurance of Confidentiality

Respondents will be advised that surveys are entirely voluntary and that any information they provide will be combined and summarized with information provided by others and no individually identifiable information will be released. In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

#### 11. Questions of a Sensitive Nature

No questions of a sensitive nature are anticipated under this generic clearance.

#### 12. Estimates of Annualized Hour Burden

The estimated annual hour burden is as follows:

Type of Survey	Number of Respondents	Average Hours per Response	Total Hours	Wage Rate*	Total Cost
Mail/Telephone Surveys	51,200	.15	7,680	\$25	\$192,000
Automated/Web-based	52,000	.163	8476	\$25	\$211,900
Focus Groups	200	1.0	200	NA	\$0
Totals	103,400	NA	16,356	NA	\$403,900

\*Note: There is no cost to focus group participants inasmuch as it is customary to pay participants a small honorarium, typically \$50, in consideration for their participation and their transportation costs.

#### 13. Estimates of Annual Cost Burden to Respondents

Costs to Respondents: Costs to respondents will be limited to their time to provide the requested information. Based on a rate of \$25 per hour and the annual total burden of 103,200 hours for other than focus groups, the annual cost to respondents is anticipated to be \$403,900. As noted in the annualized burden table in item 13, there is no cost to focus group participants inasmuch as it is customary to pay participants a small honorarium, typically \$50, in consideration for their participation and their transportation costs

#### 14. Estimates of Annualized Cost to the Government

The mail/telephone surveys and focus groups will in some cases be carried out under contract. Assuming the contract cost per survey are \$50,000 - \$100,000, and for each focus group are \$20,000 total contract costs could run \$ 720,000 per year.

#### 15. Change in Burden

Adjustments are based on experience gained as a result of the first three years of processing requests under this generic clearance (OMB No. 0935-0106).

#### 16. Plans for Analyses

The purposes of these surveys are to identify problems areas, determine their magnitude and scope, and develop a plan to correct them. It is also the purpose of these surveys to identify successes to learn how they succeeded and how those lessons can be applied to other AHRQ efforts. The analyses will be descriptive and, to the extent that they can, inferential and generalizable. The results of these findings are primarily for internal use but may be shared with key government policy and management officials, AHRQ staff, public and private health providers, and members of the general public.

For the types of surveys described earlier, the following analyses would be appropriate:

- a. Mail/telephone/electronic surveys: Basic descriptive analyses are expected for these types of surveys. Probability samples will be selected for these surveys so the opportunity exists for some generalizations to the population.
- b. Focus groups: Participants will be selected purposively, so that no generalizations to the population will be possible. Focus groups will be used to identify problems and issues for further study and, in some instances, "brainstorm" for possible solutions. The analyses will be qualitative and consist mostly of narrative summaries of the discussions.
- c. Automated/Web-based: electronic technology will be used for this survey. It will be mounted on the website for voluntary response as an electronic evaluation form. In addition to summarizing responses to questions, basic demographic information will be collected and summarized.

#### 17. Exemption for Display of Expiration Date

No exemption is being requested.

#### 18. Certifications

These activities will comply with the requirements of 5 CFR 1320.9.

### STATISTICAL METHODS

#### 1. Potential Respondent Universe and Sample Selection Method

In some instances statistical methods will apply.

The respondent universe will be separately identified for each program whose customers are to be surveyed. Surveys will be designed to minimize burden on respondents while obtaining essential information. The expectation is that information collection instruments will require no more than 20-25 minutes response time, on average. Appropriate probability sampling techniques will be used to select samples.

In many instances, however, there will be an existing list of "customers" readily available for sampling (e. g., mailing lists for publications or recipients of particular materials or services within known customer groups). Appropriate probability sampling techniques will be used to select samples.

#### 2. Information Collection Procedures

All information collection will be conducted in a manner that is consistent with the following guidelines:

- Participation will be fully voluntary, and non-participation will have no effect on eligibility for, or receipt of, future AHRQ health services research.

- Appropriate sample sizes will be determined for each activity to ensure that burden is minimized while reliable estimates are produced.
- Information collection will be limited to that needed to assess customer reaction to AHRQ products and services. Repeated implementation of quantitative surveys will be at an interval appropriate to measure the impact of changes and to monitor reaction levels.
- Given the voluntary nature of the data collection surveys, efforts will be made to obtain the highest possible response rates. Efforts will also be made to assess non-response bias, to the extent feasible.

### 3. Methods to Maximize Response Rate

The design of each quantitative survey will include approaches to maximize response rates, while retaining the voluntary nature of the effort, consistent with appropriate survey methodology. Additional formal pretesting will be carried out at a level and in a manner consistent with the specific survey.

### 4. Tests of Procedures

It is anticipated that most surveys will begin with efforts by AHRQ staff or in some cases by focus groups to identify the views/concerns of customers. Most formal pretesting will be carried out at a level and in a manner consistent with the specific survey.

### 5. Statistical Consultation and Independent Review

Each program will obtain input from statisticians as to the development, design, conduct, and analysis of customer surveys. This statistical expertise will be available from AHRQ statisticians/contractors. Technical assistance in survey design and statistics may, in some cases, be sought through The National Center for Health Statistics.

## ATTACHMENT A

### **CURRENT and PROPOSED AHRQ CUSTOMER SATISFACTION SURVEYS**

#### **Current AHRQ Surveys Being Conducted -**

#### **CUSTOMER SATISFACTION SURVEYS**

*OMB No. 0937-0201- Project Officer: Gerri Michael-Dyer/OHCI*

#### **"Survey to Evaluate the AHRQ Web Site"**

This customer satisfaction survey is assessing customer opinions on technical capabilities, the content and presentation of electronic materials, the ease of usage, and the appropriateness of the information offered through this electronic dissemination channel, the AHRQ Web Site.

*OMB No.0937-0201-Project Officer: Judith Wilcox/OHCI*

#### **"Survey of AHRQ Publications Clearinghouse"**

The primary use of the data being collected from this customer satisfaction survey is to determine the level of satisfaction experience by the customer during the telephone ordering process, to solicit customer recommendations for enhancing the service, for improving satisfaction, and for inclusion by the Agency administrative reporting.

*OMB No. 0937-0201- Project Officer: Donnarae Castillo/OHCI*

**"Customer Satisfaction Survey of AHRQ's Publications Recipients"**

This information is needed to determine if AHRQ's publications and dissemination program are meeting current customer needs and to identify strengths and weaknesses in current products and dissemination procedures. It will be used to plan and redirect resources as needed. Also, budgetary constraints require us to identify how to make dissemination more cost-effective and maximize use of Clearinghouse resources.

*OMB No. 0935-0106-Project Officer: Margaret Coopey/CPTA*

**"Customer Satisfaction Survey to Assess the Usefulness of Evidence-based Practice Centers' Products"**

Assessment of the usefulness of Evidence-based Practice Centers (EPC) from the perspective of the users of the information is being collected via telephone and mail surveys. These reports are being used as an important mechanism for dissemination of the review and synthesis of evidence from the EPC Program.

*OMB No. 0935-0106 - Project Officer: Debbie Rothstein/ORREP*

**"Survey of Trainee Satisfaction with AHRQ-Funded Health Services Research Traineeship Program"**

The agency currently supports 25 institutional health services research-training programs within the National Research Service Award (NRSA) program. This survey is assessing customer satisfaction of scholars whose academic training has been supported by AHRQ institutional training program grants over the last 13 years. It will examine the adequacy of training experiences as related to career needs. It will provide AHRQ with concrete suggestions for improvement in future program planning.

*OMB No. 935-0106- Project Officer: Marge Keyes/CQMI*

**"CONQUEST 2.0 Customer Satisfaction Survey"**

The purpose of the survey is to assess customer satisfaction with the **CO**mputerized **NEEDS**-**O**riented **QU**ality **M**easurement **E**valuation **S**ys**TE**m (CONQUEST 2.0) identify strengths and weaknesses and enhance the utility and relevance of the information contained in the CONQUEST software. Customer feedback on the content and presentation of clinical performance and quality measures, the ease of navigation through the database, and the appropriateness of the information will assist AHRQ with design of future versions of the software package, CONQUEST must be flexible and responsive to variety of audiences.

*OMB No. 935-0106- Project Officer: Pat Reynolds/CCFS*

**"Medical Expenditure Panel Survey (MEPS) Web Site, Data Products, and Publications Customer Satisfaction Survey"**

This survey will gather opinions of the users of the MEPS baseline data on: categories of primary users of MEPS data products and related publications; the types of data products and research used/requested most frequently; research topics; user ease of access to the web site information; and the quality and timeliness of responses to follow-up user Email inquiries. The results will be tabulated to identify strengths and weakness and enhance the utility and relevance of the information being made available.

*OMB No. 935-0106-Project Officer: Jean Slutsky/CPTA*

**"Customer Satisfaction Survey National Guideline Clearinghouse (NGC) Annual Customer Satisfaction Survey"**

The evaluation goals will be achieved through three types of data collection: (1) Written survey questionnaires, (2) focus groups, and (3) discussions with individuals working in health care who contribute guideline development and use. Assignments of data collection modes to target audience groups are

designed to reach the maximum number of respondents and the broadest range of groups. Participation will be minimally burdensome and is voluntary. Both qualitative data will be collected to characterize the experiences and needs of users in a manner most likely to facilitate improvement activities by AHRQ.

*OMB No. 935-0106-Project Officer: Steve Seitz/OHCI*

**"Customer Satisfaction Survey to Assess the Usefulness of User Liaison Program Workshops"**

The goal of this customer satisfaction survey is to learn how User Liaison Program (ULP) workshop participants use the information they obtain from these workshops in order to improve their content and format thus enabling participants to more easily apply information gained. The survey will consist of 20-minute telephone interviews with 50 respondents who participated in workshops during the 1999 calendar year. The interviews will be guided by an interview protocol.

*OMB No. 935-0106-Project Officer: Charles Darby/CQMI*

**"Customer Satisfaction Survey to Assess the National (Consumer Assessment of Health Plans) CAPHS Benchmarking Database (NCBD)"**

The primary purpose of the NCBD is to identify strengths and weaknesses in the process we have employed to collect the data from customers and the strengths and weaknesses of the products i.e., the benchmarked reports, we will be developing for them. Customer feedback will help fine tune the forms, process, and data submission specifications.

**Proposed Future AHRQ Surveys:**

The following are examples of a few of the proposed surveys from various AHRQ Offices and Centers. Formal titles have not been assigned as these surveys are currently in the planning stage.

**Office of Health Care Information (OHCI):**

Customer Satisfaction feedback for AHRQ Web-based Information Products will institutionalize feedback through a Web based form or survey as we do for the AHRQ Web site online evaluation..

**Center for Quality Improvement and Patient Safety (CQUIPS)**

(1) **Customer Satisfaction Survey to Assess Technical Assistance provided by telephone:** This effort would assist assessment as to how useful and accessible some of the computer-based information products of our Agency are to target audiences. We would send postcard mail outs to a sample of product users (30 users for each of 10 products) within three months of purchase to solicit customer feedback on design, utility, and value.

(2) **Customer Satisfaction Survey to Assess Technical Assistance provided on the web site:** This effort would involve follow up surveys of User Liaison Program workshop/focus group attendees to determine how the information presented there was used in future decisionmaking. This proposed mail-in, 20-minute questionnaire would be received by approximately 2000 respondents.