SUPPORTING STATEMENT

Part A

Eisenberg Center Customer Satisfaction Survey for the Effective Health Care Program

Version *June 16th, 2009*

Agency for Healthcare Research and Quality (AHRQ)

Table of contents

A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. Research that develops and presents scientific evidence regarding all aspects of health care; and
2. The synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. Initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

AHRQ's Effective Health Care Program (EHC), under which this proposed information collection falls, supports the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators.

The EHC Program focuses on the comparative effectiveness of different treatments and clinical practices, as authorized in Section 1013 of the Medicare Modernization Act (MMA). The program emphasizes a transparent process with public input and uses three approaches:

1) Reviews and synthesizes published and unpublished scientific evidence
2) Promotes and generates new scientific evidence and analytic tools in an accelerated and practical format
3) Compiles findings in a final report and translates them into a variety of useful formats for stakeholders.

To make the key results of final reports more useful for decision making, a set of Summary Guides is created for each report. Each Summary Guide is tailored to address the specific needs of various decision making audiences, such as consumers, clinicians, or policymakers. Summary Guides are developed and revised based on audience feedback and external review. To further enhance the usefulness of final reports and summary guides, interactive computerized decision aids are created to assist people with selected conditions to understand and evaluate their treatment options in the light of their own circumstances and preferences. The guides and

decision aids are designed to help decision makers use scientific information to maximize the benefits of health care, minimize harm, and optimize the use of health care resources. The EHC Website also contains a glossary that is designed to give users who may have limited understanding of medical terminology ready access to definitions of terms that are used in EHC products. In order to promote use of the Summary Guides and other resources that will be published through the EHC Web site, new features will be added that will allow qualified professionals who access the learning materials available on the site to earn continuing medical education (CME) or continuing education (CE) credit.

The summary guides, decision aids, glossary and continuing medical education are discussed in detail below:

a. Summary Guides. To determine how well the Summary guides meet the needs for information and how useful they are perceived to be by the Guides' "customers," a voluntary customer feedback survey will be administered using on-line questionnaires (see Attachments B1 to B4 for the diabetes questionnaires; the questionnaires for the other conditions are similar). These questionnaires will be used to ascertain perceptions of the usefulness of the Summary Guides directly from consumers, clinicians, and policymakers. An invitation to provide feedback and a link to the on-line questionnaire will appear at the beginning and at the end of each Summary Guide. All questions will have close-ended answer choices. However, respondents also will be given an opportunity to describe in their own words the value and adequacy of the products to them. The feedback data can be sorted and tabulated by respondent characteristics, but it will not represent a random survey of users. Nevertheless, the information can be useful in shaping future products to meet the needs of the target audiences more effectively.

Attachments B1 and B2 are the questionnaires that will be used to obtain feedback about the Consumer Summary Guide, *"Pills for Type 2 Diabetes: a Guide for Adults"*, from people with type 2 diabetes and health care providers, respectively. Attachments B3 and B4 are the questionnaires that will be used to obtain feedback about the Clinician Summary Guide, *"Comparing Oral Medications for Adults with Type 2 Diabetes"*, from health care providers and policymakers/administrators. The sets of questionnaires for the Summary Guides for each of the other conditions or treatments are identical to those for type 2 diabetes, except that the title of the guide and the name of the condition or treatment are changed. Also, if there is no cost information in the guide, there is no question about costs. The topics of other Summary Guides include: medications for osteoarthritis, renal artery stenosis, hypertension, depression, cholesterol, rheumatoid arthritis, osteoporosis; prostate cancer, premixed insulin, gestational diabetes, osteoarthritis of the knee, and elective induction of labor.

Our proposed strategy is to include requests for voluntary feedback through a "Tell Us What You Think" link placed at the beginning and end of each summary guide's Web page. Based on actual visits to the Web pages of guides that have been released to date, the projected number of visits per year to the guides' Web pages is about 115,000 for the consumer guides and 85,000 for the clinician/policymaker guides. Once the target number of responses is obtained for any individual guide, the feedback survey for that guide will be discontinued.

The information collected by the online customer satisfaction surveys will allow the Effective Health Care Program to assess how useful the Summary Guides are perceived to be by the people who use the web site. This feedback will be used to inform modifications to current summary guides and the development of future guides.

b. Decision aids. At this time only the decision aid for osteoporosis is developed. Therefore this OMB clearance request is for the osteoporosis decision aid only. Each decision aid will be tailored to address the specific needs of consumers. Computer decision aids are used to help assist the decision making process by presenting the clinical evidence and decision factors surrounding the clinical decision. The decision aids are interactive in that they allow consumers to input their decision preferences and then give feedback that is tailored to each individual user. Screen shots of the osteoporosis decision aid are provided in Attachment C1. The interactive features of the osteoporosis medicine decision aid can be viewed at the following link: ***http://testacc.ohsu.edu/decisionAid/LBD/index.cfm***, the password for which is "ehc1234". The decision aid for osteoporosis medicines is nearing completion and is expected to be released within the next two months.

Decision aids are developed and revised based on audience feedback. To determine how well the computerized decision aid meets the needs for information and how useful it is perceived to be by women who have osteoporosis, a voluntary customer feedback survey will be administered using an on-line questionnaire (see Attachment C2). The questionnaire will be used to ascertain perceptions of the understandability and usefulness of the decision aid directly from women with osteoporosis. An invitation to provide feedback and a link to the on-line questionnaire will appear at the end of the decision aid. All questions will have close-ended answer choices. However, respondents also will be given an opportunity to describe in their own words the value of the decision aid to them. The feedback data can be sorted and tabulated by respondent characteristics, but it will not represent a random survey of users. Nevertheless, the information can be useful in shaping future products to meet the needs of the target audiences more effectively.

Based on visits to the EHC Summary Guides' Web pages, we project that the number of visits to the Osteoporosis Decision Aid's web page may be 10,000-15,000 per year. Our goal is to obtain at least 235 complete feedback surveys from women who have osteoporosis. If it appears that we are not obtaining any new information about the decision aid before we get 235 responses, we will remove the request for feedback. We expect that it will take about 6 months to reach the goal of 235 complete surveys. The information collected by the online customer surveys will allow the EHC Program to assess how useful the Osteoporosis Decision Aid is perceived to be by women who have the condition, use the website and complete the survey. This feedback will be used to inform modifications to this decision aid and the future development of decision aids on other topics.

c. Glossary. As of March 16, 2009, there are 93 terms in the Glossary, available at http://effectivehealthcare.ahrq.gov/tools.cfm?tooltype=glossary. At present, there is no mechanism to solicit feedback from users of the glossary regarding the breadth and value of the information provided through the Glossary or how it might be enhanced. By adding a few brief questions in the Glossary area of the Web site, important data can be obtained for purposes of

determining: 1) if the information provided in the current Glossary was helpful to users; and 2) how the definitions and/or related explanatory information might be expanded, revised, or modified to be of greater value. Also, a brief prompt to list any terms that the user would like to see included in the Glossary will be added to this area of the Web site. The questions to be used to solicit online feedback about the Glossary are included in Attachment D. It is anticipated that collection of data on the value of the Glossary to users will continue for the duration of operation of the Eisenberg Center, allowing for visitors to the EHC Web site to suggest improvements and updates on an ongoing basis.

d. Continuing Medical Education Follow-Up. Many of the materials that are or will be available through the EHC Web site lend themselves to CME/CE opportunities. Experience has shown that online resources that provide opportunities for busy professionals to acquire CME/CE credit attract more visitors than do Web sites that offer similar information, but do not provide credit. For the EHC Web site, CME/CE offerings focusing on topics that are covered in the Summary Guides are being planned. All Accreditation Council on Continuing Medical Education (ACCME) requirements, including adherence to quality standards, documentation of learning, and full disclosure of faculty and staff relationships with public and private organizations, will be addressed in each CME/CE offering. Credit will be provided through Baylor College of Medicine in accordance with accreditation standards published by the ACCME. Baylor College of Medicine is approved by the ACCME to offer American Medical Association (AMA) Category 1 CME credit to qualified professionals who participate in defined learning experiences and document knowledge and/or skill acquisition.

The information gathered from participants in CME/CE activities for purposes of providing educational credit is exempt from OMB clearance. However, a component of the planned CME/CE efforts will involve a 2-month follow-up with participants to request information about whether knowledge gained from their CME/CE participation was used to make changes in their practice settings. In 2009, it is expected that CME/CE activities will be developed around nine topical areas covered in Summary Guides and related materials. For each of these activities, it is expected that the respondents will need about 5 minutes to complete the follow-up questionnaire. For each of the nine anticipated activities, the follow-up instrument will include some items common to all CME/CE activities, and a number of items that are specific to the topical content of the activity. Since the CME/CE activities are not finalized at this time, the follow-up questionnaires are not yet available. An example of a questionnaire used in a CME/CE activity is provided as Attachment E1. The actual follow-up questionnaires will be sent to OMB once they are available, and prior to use. Based on extensive prior experience with offering similar CME learning activities online, it is anticipated that about 360 health care professionals will submit follow-up information.

In subsequent years, follow-up data on use of knowledge and/or skills acquired through the EHC Web site learning activities will also be gathered. Revisions in the data gathering instruments and timing may be made to enhance the quality and utility of data gathered. Requests for OMB clearance will be made whenever changes are planned for the data collection instruments.

2. Purpose and Use of Information

a. Summary Guides and Osteoporosis Decision Aid. The purpose of this data collection activity is to determine how well the Summary Guides and Osteoporosis Decision Aid meet the current and anticipated needs of target audiences for information that enhances knowledge and decision making. The assessment of the decision aid and of the consumer and clinician/policymaker guides will focus on the perceived usefulness of the products to those members of the target audiences who choose to provide feedback. Assessment of perceived usefulness will include how well the products meet needs for information and knowledge and how helpful the products may be for decision-making and communicating with health care providers and patients. The feedback surveys also will include questions about the respondents' characteristics so that we can describe subgroups for which the Decision Aid and Summary Guides may be more or less useful.

This data collection activity is designed to provide information to guide updates of current products and development of future products. The methods are designed to produce timely insights that can be used in the on-going product update and development work. The data collected will focus on how useful and understandable the Decision Aids and Summary Guides are perceived to be by the consumers, clinicians, and policymakers who choose to provide feedback. We will not measure actual changes in knowledge or behavior in the target audience, nor will we attempt to obtain feedback from representative samples of the target audience. None of the questions, either as part of the decision aid or the feedback survey, can be used to identify respondents.

As soon as the online feedback surveys are implemented, we will begin monitoring and reviewing responses on a weekly basis. Data on the Summary Guides will be collected for one year or less and will be halted when target numbers are reached. For the decision aid, data will be collected until 235 surveys are obtained from women with osteoporosis, which we estimate will take approximately 6 months. Findings will be made available in monthly, quarterly and annual reports. The information will be used by AHRQ staff and affiliated institutions/programs to guide and improve the modification and development of the Summary Guides and Decision Aids.

b. Glossary. The purpose of gathering data on the Glossary is to determine if the information is of value to targeted users. The data will be used to determine if the information provided through the Glossary is understandable to the people whom it is meant to inform. It will also help in determining if additional terms should be included in the Glossary and if there are categories of terms (e.g., those related to risks and probabilities, those dealing with genetic or genomic medicine) that are particularly difficult for visitors to the Web site to understand, suggesting that greater attention might be paid to certain topical categories. It is expected that a few Glossary feedback questions will become a permanent feature of the Web site, although the specific wording of questions may change based on information gathered from Web site visitors.

c. CME-Follow-up Data Gathering. The follow-up data gathered from participants in CME/CE activities will be used for three purposes: 1) to satisfy requirements established by the

ACCME mandating that accredited CME/CE providers make efforts to determine how their CME/CE activities impact health care that is delivered by participants in the activities; 2) to guide development and delivery of future CME/CE offerings by providing information about learning activities that fostered practice behavior change, as well as information about barriers to making practice changes that may impinge on the overall impact of educational efforts; and 3) to share with colleagues in the arena of CME/CE for purposes of encouraging research on educational methods and evaluation processes that produce measurable change and that ultimately contribute to delivery of better quality health care. As new CME activities are created around newly released Summary Guides and related materials, the follow-up questions will be updated to reflect new topical foci and the appropriate updates of burden hours related to the additional data collection will be requested through the OMB clearance process.

3. Use of Improved Information Technology

The Summary Guides and Decision Aids are disseminated primarily through the EHC Program Web site, http://effectivehealthcare.ahrq.gov. Once posted, individual guides and decisions aids may be viewed several hundred, to several thousand times each month. A voluntary online Web-based survey is therefore an efficient, inexpensive, and low-burden technique to capture feedback from target audience members who access the products. Visitors to the web site can choose to participate or to ignore the invitation to provide feedback. Skip sequences based on filter questions are invisible to the respondents and reduce burden to them. Responses can be recorded electronically directly into a database, from which reports can be generated at any time. To reduce the number of people who abandon the survey before completing it, respondents will receive feedback about what portion of the survey they have completed. A progress bar graphic will be displayed on each summary guide feedback survey page. The screens of the decision aid feedback surveys will be numbered as "Page 1 of 4", "Page 2 of 4", etc.

The use of information technology to assess the Summary Guides, Decision Aids and Glossary and their value to users represents a comparatively low-burden technique to determining if these products meet the needs of targeted audiences.

The information gathered through CME follow-up is directly intended to produce information that is designed to help guide efforts to develop and deploy via the Internet learning activities that facilitate practice change. CME options that are planned include just-in-time activities that provide learning on targeted topics at the time that the clinical professional needs it in the clinical setting and other point-of-care learning options that are readily accessible to clinical professionals at the location in which care is delivered. This information gathering effort represents an efficient use of technology in securing feedback that can help to ensure that learning activities provided through the EHC Web site are having an impact on clinical practice.

4. Efforts to Identify Duplication

There is no similar information already available.

5. Involvement of Small Entities

Some of the clinicians that use the Summary Guides and Decision Aids may work in small health care facilities. The collection of information has been designed to minimize the burden on small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

The proposed project includes a one-time collection of information about the Summary Guides and Osteoporosis Decision Aid. If it is not conducted, feedback about the usefulness of the Summary Guides and Decision Aid to the target audiences will not be obtained.

Ongoing collection of data related to the Glossary and the terms contained in it will allow for refinement in the information provided through this mechanism. If data on the glossary are not gathered in a systematic fashion, then opportunities to enhance understanding of key messages by visitors to the EHC Web site may be lost.

Collection of follow-up data on CME will be ongoing. These data are used in construction of CME offerings to identify topical issues and instructional methods that are effective in fostering change. They are also used to identify barriers to practice change, some of which may be amenable to elimination and/or reduction through subsequent CME offerings and related activities. Furthermore, the ACCME requirements for CME programs require that efforts be made to assess the outcomes of learning activities in terms of clinical practice change. The method indicated here has been refined over a period of several years, and it represents an efficient means to obtain reasonable proxy measures of impact on practice that would be impractical to assess through more costly processes, such as chart audits.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

This proposal is submitted under AHRQ generic clearance 0935-0128, and a Federal Register notice is not required.

8.b. Outside Consultations

Not applicable to this project.

9. Payments/Gifts to Respondents

There will be no payments or gifts to respondents.

10. Assurance of Confidentiality

Information that can directly identify the respondent, such as name and/or social security number, will not be collected as part of the feedback surveys. The only possible way that respondents to the Web-based surveys could be identified is through their IP address, and we will not collect or store that information.

Regarding the follow-up data on CME activities, identifiers are assigned to participants who complete CME activities and request credit for successfully completing a CME activity. Identifying information is required in order to properly record the completion of a CME activity and to notify the participant of the credit awarded, including providing appropriate documentation for submission to professional and/or credentialing bodies. In the follow-up phase of data collection, a coded identifier is used in gathering data from persons who had completed an initial post-activity evaluation. The use of the coded identifier allows for comparison of how learning was actually applied in practice to how each participant had anticipated using learning immediately following his or her participation in a CME activity. The response mechanism involves password protection and appropriate encryption processes to minimize risk of inadvertent access to any information by persons not authorized to receive the information. Once gathered, the data are maintained in a secure database with protective features as required by law. No information is used in a fashion that would allow for identification of any individual who provided data for follow-up purposes.

11. Questions of a Sensitive Nature

No questions of a sensitive nature will be asked in these surveys. In an introductory paragraph, potential respondents will be informed about the reason for the voluntary survey, the benefits to them or to others from participation, and the fact that their responses are anonymous and they cannot be identified.

For the CME follow-up survey, questions about the success of efforts to apply learning in practice and barriers to such efforts will be asked. However, answering such questions will be totally voluntary, and the information will be gathered in a manner such that only authorized faculty and staff of the CME credit-granting institution will have any information about who submitted the information, and there will be no use of the information in any format that will permit identification of persons who provided responses to follow-up questions.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to complete the feedback surveys for the various products and activities. Testing with internal staff indicates that each of the questionnaires will take about 5 minutes to complete. The total burden for this information collection is estimated to be 109 hours.

The target group for the Summary Guides feedback questionnaire is consumers, clinicians and policymaker with specific interests in health conditions. The target number of responses for these questionnaires is 675, resulting in about 57 burden hours.

The Customer feedback survey for the osteoporosis Decision Aid will be completed by 235 women with osteoporosis, resulting in about 20 burden hours.

The primary target group for the Glossary feedback questionnaire is consumers with specific interests in health conditions. A target of 50 completed questionnaires has been established for the data collection period, resulting in 4 burden hours.

CME activities will be available for nine new Comparative Effectiveness Reviews (CERs) to be released this year. For each of these 9 CME activities, on average, about 300 clinical professionals are expected to complete the initial post-activity data collection instruments and request CME credit. Experience suggests that, of the 300, about 40 will complete the 2-month follow-up data collection instrument after being alerted by e-mail, resulting in 27 burden hours. For all of these data collections the annual burden is estimated to be 109 hours.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total Burden hours
Data Collections for the Summary Guides Feedback				
Consumer Summary Guides from people with the conditions – feedback questionnaire	300	1	5/60	25
Consumer Summary Guides from health care providers – feedback questionnaire	75	1	5/60	6
Clinician and Policymaker Summary Guides from health care providers – feedback questionnaire	150	1	5/60	13
Clinician and Policymaker Summary Guides from policymakers & administrators – feedback questionnaire	150	1	5/60	13
Subtotal for the Summary Guides	675	na	na	57
Data Collection for the Osteoporosis Decision Aid Feedback				
Osteoporosis Decision Aid – feedback questionnaire	235	1	5/60	20
Data Collection for the Glossary Feedback				
Glossary feedback questionnaire	50	1	5/60	4
Data Collections for the CME Follow-up				
Comparative Effectiveness and Safety of Radiotherapy Treatments for Head and Neck Cancer – Follow-up Questionnaire	40	1	5/60	3
Comparative Effectiveness and Safety of Core Needle and Open Surgical	40	1	5/60	3

Biopsy for the Diagnosis of Breast Lesions – Follow-up Questionnaire				
Comparative Effectiveness of Chemotherapy Agents in the Prevention of Primary Breast Cancer in Women – Follow-up Questionnaire	40	1	5/60	3
Comparative Effectiveness of Medical Therapies with or without ACEs or ARBs for Stable Ischemic Heart Disease – Follow-up Questionnaire	40	1	5/60	3
Comparative Effectiveness of Lipid Modifying Agents – Follow-up Questionnaire	40	1	5/60	3
Effectiveness of Radiofrequency Catheter Ablation (RFA) for Atrial Fibrillation – Follow-up Questionnaire	40	1	5/60	3
Comparative Effectiveness of Percutaneous Coronary Interventions and Coronary Artery Bypass Grafting for Coronary Artery Disease – Follow-up Questionnaire	40	1	5/60	3
Effectiveness and Off-label Use of Recombinant Factor VIIa – Follow-up Questionnaire	40	1	5/60	3
Comparative Effectiveness of Non-operative and Operative Treatments for Rotator Cuff Tears – Follow-up Questionnaire	40	1	5/60	3
Subtotal for the CME Follow-up	360	na	na	27
Total	1320	na	na	109

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to complete the surveys. The total cost burden is estimated to be $5,334.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Data Collections for the Summary Guides Feedback				
Consumer Summary Guides from people with the conditions – feedback questionnaire	300	25	$19.56	$489
Consumer Summary Guides from health care providers -- feedback questionnaire	75	6	$73.86	$443
Clinician and Policymaker Summary Guides from health care providers -- feedback questionnaire	150	13	$73.86	$960

Clinician and Policymaker Summary Guides from policymakers & administrators -- feedback questionnaire	150	13	$73.86	$960
Subtotal for the Summary Guides	675	57	na	$2,852
Data Collection for the Osteoporosis Decision Aid Feedback				
Osteoporosis Decision Aid – feedback questionnaire	235	20	$19.56	$400
Data Collection for the Glossary Feedback				
Glossary feedback questionnaire	50	4	$19.56	$84
Data Collections for the CME Follow-up				
Comparative Effectiveness and Safety of Radiotherapy Treatments for Head and Neck Cancer – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness and Safety of Core Needle and Open Surgical Biopsy for the Diagnosis of Breast Lesions – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness of Chemotherapy Agents in the Prevention of Primary Breast Cancer in Women – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness of Medical Therapies with or without ACEs or ARBs for Stable Ischemic Heart Disease – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness of Lipid Modifying Agents – Follow-up Questionnaire	40	3	$73.86	$222
Effectiveness of Radiofrequency Catheter Ablation (RFA) for Atrial Fibrillation – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness of Percutaneous Coronary Interventions and Coronary Artery Bypass Grafting for Coronary Artery Disease – Follow-up Questionnaire	40	3	$73.86	$222
Effectiveness and Off-label Use of Recombinant Factor VIIa – Follow-up Questionnaire	40	3	$73.86	$222
Comparative Effectiveness of Non-operative and Operative Treatments for Rotator Cuff Tears – Follow-up Questionnaire	40	3	$73.86	$222
Subtotal for the CME Follow-up	360	27	na	$1,998
Total	1320	109	na	$5,334

*Based upon the average hourly wages for all workers (00-0000; $19.56) and Family and General Practitioners (29-1062; $73.86), "National Compensation Survey: Occupational wages in the United States 2007", U.S. Department of Labor, Bureau of Labor Statistics. http://www.bls.gov/ncswage2007.htm

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

The annualized cost to the government of this one year data collection activity reflects the estimated personnel time that was required to develop the online surveys and will be required to conduct and report on the data collection activities. The total cost is estimated to be $103,470.

Exhibit 3. Estimated Annual Cost

Cost Component	Total Cost
Project Development	$21,600
Data Collection Activities	$23,000
Data Processing and Analysis	$16,600
Publication of Results	$8,800
Project Management	$7,600
Overhead	$25,870
Total	$103,470

15. Changes in Hour Burden

Not applicable. This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

Feedback on the Summary Guides and the decision aid will be collected until the targeted number of surveys is obtained for each, and no longer than one year. For both the summary guides and decision aids we will use descriptive statistics to compare the perceived usefulness and understandability of products by respondents' characteristics. Narrative summaries of text responses will be prepared for each target audience for each guide. No complex analytic techniques will be necessary. Feedback will be reviewed on a weekly basis, and findings in progress will be submitted to AHRQ managers in monthly, quarterly, and annual reports. A final summary report will be prepared and submitted to AHRQ within 6 weeks of the conclusion of data collection.

The primary purpose of the Glossary survey is to obtain feedback regarding the clarity and value of the information that is provided through the Glossary to targeted audiences. Therefore, analyses of responses will primarily involve qualitative methods, and the results will be used to:

a) refine definitions of terms currently included in the Glossary; and b) guide development of definitions of terms that will be added to the Glossary in the near future.

Data from follow-up surveys of CME participants will be used in three ways: 1) to provide a measure of the extent to which specific educational activities are supporting clinicians' efforts to implement practice change; 2) to provide a means to assess the overall CME portfolio of the provider organization (i.e., Baylor College of Medicine) in addressing the needs of clinical professionals in improving care quality; and 3) to satisfy requirements of the Accreditation Council on Continuing Medical Education (ACCME) relating to evaluation of CME impacts on clinical practice. These data are analyzed using descriptive statistics to document longitudinal trends in knowledge and confidence levels that are self-assessed at three points in time (i.e. pre-intervention, post-intervention, and 2 month follow-up), as well as quantitative summaries involving comparisons between intentions to make change and presumed barriers to change with realizations of change and observed barriers.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

Attachments:

Attachment A: AHRQ's Authorizing Legislation

Attachment B1: Oral meds for type 2 diabetes consumer guide -- feedback questionnaire for people with type 2 diabetes

Attachment B2: Oral meds for type 2 diabetes consumer guide -- feedback questionnaire for health care providers

Attachment B3: Oral meds for type 2 diabetes clinician guide -- feedback questionnaire for health care providers

Attachment B4: Oral meds for type 2 diabetes clinician guide -- feedback questionnaire for policymakers/administrators

Attachment C1: Screen shots of Osteoporosis Decision Aid

Attachment C2: Osteoporosis Decision Aid – feedback questionnaire

Attachment D: Glossary feedback questionnaire

Attachment E1: Example of instrument used in gathering follow-up information from participants in CME/CE activities.