

## **PASSBACK**

### **What is the relationship between this IC and the larger ICR on the Effective Health Care program?**

This IC is intended to inform the development of the various products for the program's intended audiences (i.e., consumers/patients, providers and policymakers) wherein the larger ICR is intended to inform the internal governance of the Effective Health Care program.

**If AHRQ plans to survey 50 respondents per year on the glossary but collect responses on a permanent basis, AHRQ will need to stop collecting responses when the target of 50 is reached and then submit another generic IC to collect another 50 responses. This is fine, but we just wanted to clarify that we cannot provide an ongoing PRA approval that goes on in perpetuity.**

We understand and will resubmit if needed

**It is not clear what the CME/CE efforts piece of this is and how it ties in with the overall AHRQ program. Also, the Baylor College of Medicine instrument is very confusing – it is not clear what this instrument is measuring. Please clarify or delete this portion of the generic IC clearance request.**

We will delete this activity from the clearance request

**Please clarify whether the results of these surveys will be for “internal agency use only” or whether there are plans for publication or other uses (e.g. policy making, resource allocation decisions, etc.).**

We envisioned that the feedback regarding the Summary Guides would be useful for modification of current guides & development of future guides, and we expected that one or more manuscripts for publication could be generated. Any manuscript based on the online feedback regarding the summary guides and decision aid will be descriptive in nature: who provided feedback, how representative they may or may not be of the total target population, what were their comments, what does their feedback tell us about the usefulness of the guides/aid to the respondents and how they may be made more useful. The primary audience of publications would be health educators and health care providers, not policy makers.

**Please clarify what happens if a patient responds to a survey meant for a physician (e.g. if a patient responds to the Qs on the clinician summary guide). Is the patient informed that he/she isn't the target audience or does the patient go through the trouble of filling out the survey only for his/her opinions to be ultimately excluded by AHRQ?**

Since we had to drastically reduce the total number of respondents, we dropped the questionnaires for consumers about the clinician/policymaker guides. We planned to filter out and discard responses to clinician/policymaker surveys by anyone other than a clinician/policymaker, and frankly didn't expect there would be many of them. However, if this is objectionable, we could instead have a notice pop up for all who identify themselves as other than clinicians/policymakers, stating that we appreciate their willingness to provide feedback about the clinician/policymaker summary guide, but at this time we are collecting responses about the guide only from health care providers and policymakers. They could be referred to the corresponding consumer guide, if there is one. Some minor additional programming would be required to effect this change.

**What is the purpose of the health status and health insurance coverage questions? How will the answers to these questions be used in AHRQ's analysis?**

Health status and insurance status are associated with consumers' ability/propensity to seek out and use information and may be associated with perceptions of the usefulness of the guides. In particular, the perceived usefulness of the cost information may vary by whether or not the respondent has health insurance. Also, both health status and insurance coverage provide descriptors of the responders who choose to view and provide feedback on the guides and can provide information about how typical or atypical the responders may be.