

Supporting Statement A for

OMB Clearance Request

National Heart, Lung, and Blood Institute

**“NHLBI Health Information Center’s Revolving Customer Satisfaction
Survey”
(NHLBI, NIH)**

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Attachment A. NHLBI HIC Revolving Customer Satisfaction Online and Telephone Surveys

Attachment B. Solicitation E-Mail and Telephone Menu Greeting for NHLBI HIC Revolving Customer Satisfaction Survey

Attachment C. AIR's Security Policies for Hosting External Systems

Attachment D. Angel.com's Information and Site Security Management Policies

A. Justification

A.1. Circumstances Making the Collection of Information Necessary

The National Heart, Lung, and Blood Institute (NHLBI), one of the Institutes of the National Institutes of Health (NIH), U.S. Department of Health and Human Services, provides leadership in the conduct and support of research, training, health information dissemination, and other programs with respect to heart, lung, and blood diseases and sleep disorders. This responsibility is authorized by Congress at 42 U.S.C. § 285b.

The NHLBI's mandate covers three of the four leading causes of death in the United States. As part of its mission, the NHLBI stimulates basic discoveries about the causes of disease, speeds the translation of basic discoveries into clinical practice, fosters training and mentoring of emerging scientists and physicians, and communicates research advances to the public.

The NHLBI Office of Communications and Legislative Activities (OCLA) provides executive strategic guidance to a dynamic, comprehensive, and technology-supported communications and legislation program for the Institute. Using the latest health and consumer communications and behavioral and social marketing research, the OCLA plans communications strategies, develops and maintains media relations, and communicates research results and educational messages through media channels. The OCLA supports and coordinates all matters relating to communication of the Institute's vision, Strategic Plan, and mission-oriented program activities and accomplishments to internal and external audiences.

The OCLA currently supports the NHLBI Health Information Center (HIC), which responds to professional and public inquiries; develops and markets evidence-based, plain-language publications for patients and the public, science-based materials for health professionals, and health content and applications for the NHLBI Web site; and supports the NHLBI exhibit program.

The NHLBI HIC manages inquiries from researchers, clinical and public health practitioners, patients, and the general public. Approximately 15,000 inquiries are made each year to the HIC. The HIC develops and maintains current information on Institute health topics to respond to inquiries and supports and disseminates materials for the NHLBI's national health education and awareness campaigns. The HIC is open Monday through Friday, 8:30 a.m. to 5 p.m. eastern time. Health information specialists are available to assist inquirers via telephone, fax, e-mail, and live chat (on the Web site). They provide information on heart, lung, and blood diseases and sleep disorders and accept orders for publications.

The OCLA periodically reviews the HIC's ability to meet customer needs by reviewing data captured by the center's telephone applications and customer relationship management software. Together, these two components make up the HIC inquiry management system, which delivers quantitative statistics about inquiries to the HIC and publication distribution that are provided to the OCLA on a regular basis. HIC telephone applications provide reports on telephone service levels, total number of calls, waiting time, speed of answer, time to process calls, calls transferred to voicemail, and abandoned call rates. HIC customer relationship management

software provides additional data such as the number of e-mail, fax, and postal mail inquiries and responses handled.

Customers e-mail or call the HIC requesting information on a wide range of health-related topics, as well as with questions on more than 250 NHLBI publications, Web sites, and other resources for health information. In addition to responding to inquiries quickly and efficiently (as measured by the quantitative statistics available through the inquiry management system described above), the goal of the HIC is to respond to all requests professionally and accurately, in a manner that meets or exceeds customer expectations for service and dependability.

There has been an explosion in the number and type of options the public can access for health information since the development of the World Wide Web. The HIC competes with a vast array of commercial, for-profit, and nonprofit entities offering health information in print, on the Web, and over the telephone. The quality, reliability, and currency of the health information available through these outlets vary greatly. The NHLBI's mission is to provide the public with the most objective, accurate, and authoritative health information on its related topics. Unless the HIC can provide service at levels comparable to competing sources, people will look elsewhere for health information. To ensure that the HIC can provide the highest quality of service, data obtained by surveying customers, are needed. Thus, the NHLBI requests clearance for a survey instrument to evaluate HIC customer satisfaction.

Based on the data collected with this proposed survey, the NHLBI will be able to identify areas of HIC service that are outstanding and areas where improvements are needed. The NHLBI will use the survey results to formulate programs, processes, training, and enhancements that can raise the level of customer satisfaction with the services provided by the HIC. Subsequent survey data will show whether gains have been made in areas targeted for improvement and if new customer needs must be addressed.

The NHLBI requests use of this instrument to collect data from consumers, twice a year for the next 3 years. The data collection will focus on the two most popular customer access channels to reach the HIC—e-mail and telephone. (See Attachment A for text for the online and telephone surveys.) Each data collection cycle will last 1 month. Given that the volume and type of inquiries to the HIC vary over the course of a year, each survey cycle will rotate its data collection months (initially, April and October) to help reduce possible seasonal variance bias.

A.2. Purpose and Use of the Information Collected

This survey project will be an important component of the OCLA's ongoing assessment of the NHLBI HIC's ability to meet customer needs and provide outstanding service. Responses from customers will supply valuable data about their perceptions of the quality of HIC services. The data will be distinctly different from the quantitative data currently captured by the inquiry management system and customer relationship management software (service levels, number and type of inquiries, etc.) and thus allow for deeper analysis. The survey project will help the OCLA ensure that the HIC provides high-quality service, meets customer health information needs, retains satisfied customers, and attracts new customers.

Research suggests that customer satisfaction surveys improve satisfaction and loyalty by identifying the basis of customer behaviors. Targeting these behaviors allows for direct action to

correct issues that negatively affect customer satisfaction. In addition, satisfied customers usually return and frequently tell other people about their positive experiences.

The OCLA will use the data collected in this survey to assess the quality of the HIC’s customer service and staff performance, as well as to implement processes and training aimed at ensuring excellence in customer service. Within 1 month of the close of each round of the survey, members of OCLA’s Consumer Services Team (CST) will analyze the data and present their findings to OCLA management.

The OCLA will use the following benchmarking approach to make improvements in HIC customer satisfaction:

- Collect performance data.
- Analyze collected data and identify best practices.
- Make specific recommendations for improvement.
- Implement recommendations.
- Monitor and evaluate outcomes.

This approach will result in recommendations for corrective actions, elimination of unpopular processes or services, and the addition of new or improved processes and services that will improve customer satisfaction with the HIC. In addition to the recommendations, the CST also will provide the OCLA with cost estimates and task plans for implementation of recommendations, along with an estimate of the impact that these changes would have on improving customer satisfaction.

OCLA management will review the recommendations, perform cost/benefit analysis, and decide which recommendations to implement. They also will approve any applicable budgets, task plans, and timeframes for implementation. CST staff will implement the approved changes according to plan.

Following the second and each subsequent round of the survey’s administration, CST staff will compare the new results with the previous results in light of any OCLA-approved operational changes made to the HIC after the previous round. A results evaluation model will be used that consists of the following criteria to compare previous results with actions taken to improve specific categories:

Evaluation Category	Action Taken for Improvement	Previous Average Rating	Latest Average Rating
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CST staff will analyze the results within 1 month of the close of the latest round and present the findings to OCLA management. If needed, recommendations for additional adjustments in HIC services and processes will be made, accompanied by cost estimates and estimated impact as the process revolves through each iteration of the survey.

A customer satisfaction survey has been selected because it is relevant to customers, and these types of surveys typically generate a higher response rate than other forms of surveying. In

addition, these surveys are generally more reliable than internal methods, such as agent monitoring, because the customer directly indicates his/her level of satisfaction.¹

The survey data will assess five variables that affect customer needs and satisfaction but are not effectively captured and measured using quantitative tools such as telephone and e-mail management systems. Respondents will be asked to rate the performance of the HIC in the following categories:

- Timely handling of call or e-mail response
- HIC staff knowledge of NHLBI health information
- Professionalism of call handling or e-mail response
- Meeting the inquirer’s needs
- Overall customer service

These categories have been selected because they are directly relevant to customer experience and are key drivers of customer satisfaction that are within the HIC’s control. In addition, common surveying methodology recommends that customer satisfaction surveys be simple to implement, provide valid information, and use an effective rating scale.

Following the benchmark approach noted above, the CST will evaluate categories with inadequate ratings to identify possible causes and make recommendations for improving customer satisfaction in the next survey cycle. As an example, the following table shows how the CST will analyze an evaluation category that rates as “poor” or “fair” on a rating scale of 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent.

Evaluation Category Rating Lower Than 3	Rating	Possible Causes	Recommendations	Expected Outcome
Timely handling of call or e-mail response	2 (fair)	<ul style="list-style-type: none"> • Draft responses sit in quality assurance (QA) review too long 	<ul style="list-style-type: none"> • Train additional agents on QA review to alleviate bottleneck 	<ul style="list-style-type: none"> • Quicker e-mail response times and improved customer satisfaction ratings during next survey cycle

Customers’ experiences with other inquiry response centers may influence some customer service variables. For example, customers’ expectations have been increasing as they expect shorter turnaround times for responses to their e-mail inquiries. The HIC is currently meeting NHLBI-established service levels in response times to e-mails. However, customers may expect service at levels comparable to competing sources that offer shorter response times. The survey

¹ Sources for this and other resource information cited in this supporting statement are two handbooks from the International Customer Management Institute (ICMI), both by Brad Cleveland and Debbie Harne: the *Call Center Customer Relationship Management Handbook and Study Guide* (2003) and the *Call Center Leadership and Business Management Handbook and Study Guide* (2003).

will help identify these trends so the HIC can take necessary action to modify processes and improve the quality of service to meet customer expectations.

Past Data Collections

The NHLBI has not previously undertaken a data collection effort specific to the HIC. The NHLBI's previous efforts at data collection on capabilities of the HIC have been anecdotal and very limited in scope.

A.3. Use of Information Technology and Burden Reduction

During the collection period, the OCLA will use two types of technology—a Web-based survey tool reached via an e-mail-embedded link and a telephone-based survey tool—to conduct the survey and capture respondent data.

Customers who contact the NHLBI HIC by e-mail will be sent a response to their inquiry that includes an invitation to participate in the survey and an embedded link to take them to the Web-based survey. This method of inviting customers to participate provides a service delivery that is low-cost, generates responses quickly, and facilitates easy data collection and analysis. In addition, online surveys tend to generate rich replies to questions about customer satisfaction, which will allow for more precise identification of areas for improvement. Online surveys also often generate a high response rate because they are quick and easy for participants to access and complete. No special equipment or software is required beyond an Internet connection and Web browser.

The OCLA will use a Web-based survey tool (WebSurveyor) residing on a server of the HIC contractor (American Institutes for Research, or AIR) to collect data from HIC customers who are contacted by e-mail. WebSurveyor will reside on AIR's server behind extensive firewall protection. This version of WebSurveyor is self-hosted rather than outsourced to an external hosting service or accessed through the application's manufacturer's subscription option (for technical information, see Attachment C, AIR's Security Policies for Hosting External Systems).

Customers who choose to complete the online survey will need an Internet connection and a Web browser to access it.

For the telephone survey, a customized greeting will be played during the collection period on the HIC general telephone menu. The greeting will notify callers that a customer satisfaction survey is under way and will invite them to participate following their contact with a health information specialist. At the end of the call, the health information specialist will ask the customer whether he/she would like to participate in the survey. If the customer agrees, then he/she will be transferred directly to the telephone-based survey menu. For callers who wish to complete the survey at another time, a toll-free number will be provided for them to call at their convenience. If a customer declines to participate, the health information specialist will thank him/her for contacting the HIC.

Providing upfront notice about the survey in the menu greeting helps reduce bias by the health information specialists in determining who is offered to participate in the survey. The customer will know prior to reaching a live agent that he/she will have the opportunity to rate his/her contact with the HIC staff.

Also, a short, telephone-based survey tool allows feedback to be captured soon after customer contact with the HIC. This method reduces positive bias in the results compared with more invasive and expensive outbound telephone surveys, in which customers tend to avoid expressing dissatisfaction to complete the survey quickly.

For the telephone survey, we will use a telephone-based survey tool that supports both touch-tone and speech recognition responses from respondents. Angel.com will host the survey tool. Angel.com provides an on-demand platform for hosting telephone surveys (for technical information, see Attachment D, Angel.com’s Information and Site Security Management Policies).

A Privacy Impact Assessment (PIA) has not been done for the WebSurveyor application or Angel.com telephone-based tool to be used for the survey.

Although the online and telephone-based survey tools will not limit any HIC customer to completing the survey only once, we view it as highly unlikely that any respondent will complete the survey more than once during any given data collection cycle.

A.4. Efforts To Identify Duplication and Use of Similar Information

The information that the survey will collect is not available from any other source and does not duplicate any existing data collection effort.

A.5. Impact on Small Businesses or Other Small Entities (Burden on Small Businesses)

Individual physician practices are part of the population to be surveyed, and are considered a small business or entity. This collection of information will not unduly affect small organizations or small businesses; therefore, no special provisions are necessary for these groups.

The information that the survey requests has been held to a minimum for all respondents, including small businesses. The survey takes an average of 3 minutes to complete, and a shortened version is therefore not necessary for small-business respondents.

A.6. Consequences of Collecting Information Less Frequently (For Periodic Surveys)

A key component of customer satisfaction measurement principles is timely surveying. The NHLBI seeks to conduct the survey with a frequency that allows for capturing significant data, identifying areas for improvement, implementing necessary changes, and then re-assessing customer satisfaction in the subsequent round of surveying—and in a manner that is least invasive to customers.

The NHLBI will incur risks by collecting the data in intervals of more than every 3 years. Reasons for collecting data at more frequent intervals include:

- The NHLBI would miss opportunities to measure customer satisfaction and make effective improvements if the cycle between measurements is too long. Recent industry surveys to measure inquiry response center customers’ likes and dislikes show that customer expectations are growing for quicker communications, more access channels, and emerging technologies.

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- The NHLBI would waste money by training staff on improving customer service but failing to measure their performance in a timely manner based on customer satisfaction.
 - The NHLBI would fail to tie investments in the NHLBI HIC to business objectives, i.e., expanding customer access channels such as live chat applications or extended business hours.
 - The NHLBI would set priorities for improvements based on outdated data.

A.7. Special Circumstances Ref. 5 C.F.R. § 1320.5

No special circumstances apply to this study.

A.8. Comments to Federal Register Notice

The 60-day Federal Register notice of this study was published on May 7, 2009 (Vol. 74, No. 87, page 21372). No requests for information or comments were received.

The NHLBI consulted with experts outside the Institute to obtain their advice on developing the survey tool, data collection method, data evaluation, and other aspects of implementing this survey. These experts are:

- Lawrence Thomas, Project Director, American Institutes for Research, 240–629–3232
- Roger Levine, Ph.D., Managing Research Scientist, American Institutes for Research, 650–843–8160
- Christine Paulsen, Ph.D., Principal Research Scientist, American Institutes for Research, 978–302–5543

Drafts of the survey tool were reviewed by OCLA and Division for the Application of Research Discoveries (DARD) staff and revised to reflect their comments. These staff include Ann Taubenheim, Ph.D., M.S.N. (NHLBI HIC Project Officer, Acting Branch Chief, Health Campaigns and Consumer Services, OCLA), Diane Striar (Acting Branch Chief, Public Affairs, OCLA), and Gregory Morosco, Ph.D., M.P.H. (former Director, DARD).

A.9. Payments or Gifts to Respondents

We are not offering payments or incentives to survey respondents.

A.10. Assurance of Confidentiality Provided to Respondents

All survey data will be kept confidential. No personal identifying information will be collected from survey respondents. Respondents will remain anonymous and will not be asked for personal information, including name, address, and telephone number. NHLBI staff will not have access to the raw data.

The database for the WebSurveyor tool will be located on AIR's server behind extensive firewall protection (see Attachment C, AIR's Security Policies for Hosting External Systems).

The database for the telephone survey will be located at Angel.com’s data center behind extensive firewall protection (See Attachment D, Angel.com’s Information and Site Security Management Policies).

The following message will be stated on all e-mail invitations to potential respondents and included in the telephone survey prompt, “Your answers will be kept completely confidential and not linked to personal or identifying data of any kind. Your information will not be shared with any other party.”

Access to the survey data will be restricted by password to designated analysts.

The proposed survey was reviewed by the NIH Privacy Act Officer and was determined to not be subject to the Privacy Act; the memorandum includes the following statement:

I have determined that the Privacy Act will not apply to this data collection. The survey respondents will not be asked to provide personally identifiable information (e.g., name, address, telephone number, or e-mail address) and the system is not designed to retrieve the survey information by a personal identifier linked to them.

A.11. Justification for Sensitive Questions

The survey contains no questions of a sensitive nature regarding sexual behavior and attitudes, religious beliefs, salary, Social Security number, use and abuse of alcohol and drugs, psychological problems, or questions about a third party without that person’s knowledge, or any other topics that could be reasonably considered sensitive.

A.12. Estimates of Hour Burden and Annualized Hourly Costs

The following tables show the estimated annual respondent burden and costs for this survey.

Customer Type	Estimated Number of Respondents	Annual Frequency of Response	Average Time (Hrs.) Per Response	Annual Hour Burden
General Public	43	2	0.05	4.3
Private Companies	14	2	0.05	1.4
Public Sector Groups	13	2	0.05	1.3
Health Professionals	29	2	0.05	2.9
Totals	99	–	–	9.9

Customer Type	Estimated Number of Respondents	Annual Frequency of Response	Average Time (Hrs.) Per Response	Hourly Wage Rate	Respondent Cost
General Public	43	2	0.05	\$15.10	\$64.93
Private Companies	14	2	0.05	\$26.87	\$37.62
Public Sector Groups	13	2	0.05	\$17.87	\$23.23
Health Professionals	29	2	0.05	\$31.26	\$90.65
Totals	99	–	–		\$242.15

The justifications and assumptions for the burden estimate are:

- The total population of individuals who contacted the NHLBI HIC by telephone and e-mail from January 1, 2008, to December 31, 2008, is 13,094.
- A sample of 99 respondents will produce 95 percent confidence intervals of no more than +/- 7.48 percent. (This estimate employs a finite population correction.)
- The distribution of customers across the four types is based on actual distribution data for NHLBI inquiries by type over the preceding 3 years.
- A series of pretests of two groups of eight people showed that the average time to complete the survey was approximately 3.4 minutes (STDEV = .85 minutes).
- Estimated hourly wages were based on data on median hourly wage levels by occupation from the U.S. Department of Labor for 2007, at http://www.bls.gov/oes/current/oes_nat.htm#b21-0000.

A.13. Other Total Annual Cost Burden to Respondents or Record Keepers

There are no capital or startup costs to respondents related to this data collection. All respondents either will have e-mail addresses (and it is therefore assumed they have access to computers and Web-based applications) or will have contacted the NHLBI HIC by telephone (and therefore have access to a telephone).

There are no operational, maintenance, or purchase of service costs to respondents related to this data collection.

A.14. Annualized Cost to the Federal Government

Costs were estimated by using a 3-year period to cover the development, deployment, data collection, and analysis of the initial survey (done in year 1) plus the two intervening years.

- It is assumed that a portion of the subsequent survey will be the same or similar to the initial one, and a subset of revised or additional questions may be required.

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- It also is assumed that developing the subsequent surveys will require fewer labor hours for the project director and managing research scientist to develop the subsequent survey content.
 - The costs of administering, collecting, and analyzing data for the subsequent surveys will remain at the levels for the initial survey.

The estimated cost of this study for the 3-year period is \$40,929.71, or \$13,643.24 per year. These costs include:

- Development of the survey instrument for which clearance is requested and obtaining approval for same from NHLBI OCLA management
- Deployment of the online survey on WebSurveyor
- Deployment of the telephone survey on the interactive voice response system
- Service and maintenance on the survey tools while they are being used for this project
- Development and transmission of e-mail messages to potential respondents requesting their participation and containing the link to the online survey
- Data collation and analysis
- Creation of the final written summary report for the NHLBI and presentation of the highlights of findings to the CST and the OCLA

A.15. Explanation of Program Changes or Adjustments

This is new collection of data.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The results of the data collection will be used for internal NHLBI purposes only and will not be published in any journals or other public forums.

- The proposed data collection is not a research study; therefore, no hypotheses will be tested with the data collected from this survey.
- Only descriptive statistics will be used to analyze the data. For example, the responses to the survey questions will be collated and results presented in terms of percentage of respondents choosing each possible response.
- In all cases, margins of error will be presented to help determine to what extent the results decisively indicate a preference or trend among respondents.

A summary report entitled “Results of the NHLBI HIC Revolving Customer Satisfaction Survey 2009: Rating Customers’ Satisfaction With the Health Information Center” will be presented to OCLA management and CST staff in 2009, within 6 weeks of the completion of the data collection.

Assuming Office of Management and Budget (OMB) approval within 180 days of submission (end of July 2009), the schedule would be as follows:

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- September 2009—Testing and deployment of online and telephone surveys.
 - October 2009—E-mail invitations sent to potential respondents over the collection month; completion of online survey by respondents.
 - October 2009—Telephone greeting updated with survey notification; potential respondents transferred to telephone survey after completing HIC call.
 - October–November 2009—Telephone and online data collection and analysis of survey data.
 - January 2010—Presentation of first survey report to NHLBI OCLA management.

A.17. Reason(s) Display of OMB Expiration Date Is Inappropriate

This approval is not requested.

A.18. Exceptions to Certifications for Paperwork Reduction Act Submissions

No exceptions are requested.