**Memorandum**

**To: Brenda Aguilar, Office of Management and Budget**

**Through: Sherette Funn-Coleman, ONC Information Clearance Officer**

**From: Peter Garrett and Elsie Hasting, ONC**

**Date: March 19, 2013**

**Re: Under Approved Generic OMB Control No:** 0955-0005**;**

**ICR Reference No: 201106-0990-003**

**Request Approval to Conduct Survey among Health Professionals**

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The Office of the National Coordinator for Health Information Technology (ONC) is requesting approval for communications testing under Approved Generic OMB Control No. 0955-0005.

The following content and information is provided for your review:

1. Title of Project: Communications Testing for Comprehensive Communication Campaign for HITECH Act – Provider Survey

The research includes an online survey to be conducted among a total of 400 health professionals: 100 nurse practitioners and 300 primary care providers (PCPs), including 100 family physicians, 100 internists and 100 pediatricians. The survey will explore awareness, understanding, and attitudes related to the meaningful use of electronic health records (EHRs) and other forms of health IT as the nation transitions to a nationwide health IT infrastructure. Testing of related messages will also be included in this research.

1. Control Number: 0955-0005, expiration date 07/31/2014.
2. Public affected by this Project:

* 300 practice-based primary care physicians (PCPs), including family physicians, internists, and pediatricians
* 100 practice-based nurse practitioners

1. Time needed per Response:

Based on the assumption that the average length of screening for the survey will be 5 minutes per participant, the burden hours associated with 4,000 screening participants is 167 hours (5 minutes x 4,000 = 20,000 minutes = 333 hours).

Based on the assumption that the average length of the survey will be 15 minutes per participant, the burden hours associated with 400 survey participants is 100 hours (15 minutes x 400 = 6,000 minutes = 100 hours).

**Total burden hours associated with the data collection is 433 hours.**

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| ***Estimated Annual Reporting Burden, by Anticipated Data Collection Methods*** | | | | |
|  | Number of Respondents | Frequency of Response | Hours Per Response | Total Hours |
| Survey among 400 health professionals | 400 | 1 | 15/60 | 100 |
| Screening for Survey | 4,000 | 1 | 5/60 | 333 |
| **Total** | **4,400** | **--** | **--** | **433** |

1. Background

The Office of the National Coordinator for Health Information Technology (ONC) serves as the Health and Human Services (HHS) Secretary’s principal advisor on the development, application, and use of health information technology (health IT). ONC was originally created under Executive Order (EO) 13335, but has since been codified in law by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009. The HITECH Act builds on EO13335 and establishes additional purposes for the ONC and duties for the National Coordinator. Chief among these new HITECH Act responsibilities are to: promote the development of a nationwide health IT infrastructure that allows for electronic use and exchange of information; coordinate health IT policy; and update the Federal Health IT Strategic Plan to meet the objectives specified in the HITECH Act. Meeting certain objectives such as “methods to foster the public understanding of health information technology” will require additional information from the public at large to determine what education is needed and what types of communication techniques will be most effective.

1. Survey Methodology

Objectives:

* Better understand health professionals’ awareness, attitudes, and understanding of the meaningful use of EHRs and health IT;
* Test messages associated with the meaningful use of EHRs and health IT;
* Use these insights in the continual development of effective communications;
* Help determine distribution channels to reach the target audience with appropriate messages; and
* Expend limited program resource dollars wisely and effectively.

Methodology, Design and Data Analysis:

Recruitment strategy for the survey is outlined as follows:

The samples will be convenience samples from established panels that have been constructed using association, state licensing, and publication data on the populations of interest. It would be cost-prohibitive to construct probability samples of such low-incidence populations. Every nth eligible panel member will be selected to achieve desired sample sizes. Given that the purpose of the survey is for directional guidance in education and communication efforts, we believe a convenience sample is appropriate.

This project will utilize multi-mode health care panels, which include more than 250 sub-specialties. Individuals can be reached via different approaches, such as email, fax, direct mail, and phone. By using a multi-mode approach for this project, we combine email and other methods as necessary to recruit the right individuals to participate in this research.

The panels that will be used have purchased and licensed key association and governmental databases that verify essentials like a physician’s practicing status. These verification resources include DEA number and AMA ME number to help to ensure validity.

Recruitment to these panels is also done by a range of techniques: email invitation, affiliate networks, online recruitment, router assignment, and others. We use Captcha software to eliminate automatic registration (bots) of surveys, and also check for suspicious IP addresses to prevent them from joining the panels.

Panel management protocols include a series of legitimacy checks as well, including name/address matching using external databases, digital fingerprinting, and TrueSample.  Ipsos, a market research firm that will serve as fielding vendor for the project, utilizes inbuilt criteria such as the exclusion of individuals who repeatedly fail to respond to survey invitations, as well as the use of algorithms to screen out participants who exhibit undesirable survey behavior (e.g., inconsistent response, straight-lining, speeding through, etc.).

All survey questionnaires will be self-administered in English by participants.

*Incentives for participants:* The estimated honorarium per completed interview is approximately $13 to $14.

*Confidentiality:* **Participants are assured by the fielding vendor that their names and responses are kept confidential. Responses to the survey are de-identified and aggregated in data tabulations** that provide no means of linking a response to an individual. **Participants are also assured that no one will try to sell them anything following this research.**

*Outcome Reporting*:  Preliminary and final reports of the survey responses will be provided. The data will be analyzed using descriptive statistics and cross tabulations.  A final summary report of the survey will be both descriptive and quantitative in nature, but is not intended to be generalizable to populations beyond participants. Findings will be used to modify messages and materials as necessary to respond to the needs of the ONC constituencies. Findings will be considered descriptive and directional but not definitive.

1. Federal Costs: $60,000
2. Requested Approval Date: April 2, 2013
3. Research Instruments:
   1. Survey questionnaire for professional survey (attachment A)