## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)

**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:** The Human Factors Engineering (HFE) office is engaging with Connected Care to conduct a study of the improved Veterans Appointment Request (VAR) 3.0 app to assess its usability, based on improvements made following the usability field evaluation of VAR 2.0. This study will be conducted in person at the HFE Informatics Research and Design Center (IRDC) with Veterans scheduling fictional appointments using HFE computing devices and a preliminary production installation of the VAR 3.0 app.

In this coordinated effort, HFE is exploring factors affecting acceptance and adoption of the VAR app by Veterans. These factors include: Performance Expectancy, Effort Expectancy, Social Influence and two constructs that are significant predictors of usage behavior: Intention to Use and Facilitating Conditions. Based on direction from Connected Care, HFE will focus on Effort Expectancy, or expectations on the ease of use of the system, especially during the initial period of use. HFE will also collect feedback from Veterans on how they feel the VAR app makes the scheduling process easier and how well the app improves their sense of access to care.

**DESCRIPTION OF RESPONDENTS**:

HFE contract staff will recruit, screen, and recruit 25 Participants according to the following profile:

* Familiarity with mobile application(s) phone or tablet (iOS or Android) or laptop/desktop.
* Mix of age range.
* Geographically located in the Nashville, Tennessee area.
* Gender mix.
* 75 % Male
* 25% Female

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[X] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other: App Feature Value Questionnaire

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name:\_\_\_John William Brown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ X ] Yes [ ] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time**  **( × minutes =)** | **Burden**  **(÷ 60 =)** |
| Individuals – usability test participants | **25** | **x 90 = 2250** | **37.5 hrs** |
|  |  |  |  |
| **Totals** |  |  | **37.5 hrs** |

**FEDERAL COST:**

The total one-time cost to the Federal Government is approximately $45,080.34.

(a) Cost for Participants

25 participants x $514.80 per participant = $12,870. This figure includes reimbursements paid to the study participants.

This cost per participant is derived as follows in accordance with contract #VA119A-15-C-0042.

|  |  |  |
| --- | --- | --- |
| Participant Recruitment per PWS Section 4.2.1: Test Session Schedule-Non-Medical Characteristics | $243.96 | each |
| Participant Recruitment per PWS Section 4.2.1: Signed Copies of Participant Agreement | $3.70 | each |
| Participant Recruitment per PWS Section 4.2.1: Copies of all Planned Communications with Study Participants | $21.22 | each |
| Participant Recruitment per PWS Section 4.2.1: Answers to Screening Questionnaire | $3.70 | each |
| Study Coordination and Support per PWS Section 4.2.2: Notes | $74.75 | each |
| Study Coordination and Support per PWS Section 4.2.2: Audio/Video Files | $49.84 | each |
| Study Coordination and Support per PWS Section 4.2.2: Payment Record | $35.03 | each |
| Participant Honorarium | $75.00 | each |
| Study Coordination and Support per PWS Section 4.2.2: Completed Checklist | $7.60 | Per study ($190/25) |
| Total per participant | $514.80 |  |
| Total all participants | $12,870.00 |  |
|  |  |  |

This cost was determined from the participant contract broken down by total number of allotted participants; this cost has already been paid for upfront in the contract in effect. The contract is with Perigean Technologies LLC (VA119A-15-C-0042).

(b) Cost for Employee Work Hours

1 Employee GS-13 ($44.67/hr x (Loaded Rate Modification 1.30) x 216 work hours = $12,543.34

1 Contractor ($90/hr) x 216 work hours = $19,440

1 Employee GS-11 ($28.39/hr) x 8 work hours = $227.12

This includes employment cost x labor hours for the primary team members of the project in addition to the cost of the reviewing team member of the final documentation.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [ X] Yes [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We desire to recruit a representative sample of Veterans expected to use the app once released, but for this specific study, we are constrained geographically to those in the Nashville, Tennessee area.

To enable us to recruit effectively a diverse pool of Veterans, HFE has awarded an HFE Participant Recruitment Contract. As part of this contract, the vendor maintains a pool of Veterans willing to participate in HFE usability testing. This includes a pool of Veterans specifically in the Nashville, Tennessee area. Furthermore, the vendor populates the pool with Veterans with a wide diversity of demographics, technology affinities and VA service usage.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[X] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [X ] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**