Promoting Patient Engagement in Clinical Preventive Services: Evaluating the Use of healthfinder

ODPHP Generic Information Collection Request
OMB No. 0990-0281

Supporting Statement — Section A

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Submitted to:
Sherrette Funn
Office of the Chief Information Officer
U.S. Department of Health and Human Services

Submitted by:
Linda M. Harris, PhD
Director, Division of Health Communication and eHealth
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

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Section A — Justification

1. Circumstances Making the Collection of Information Necessary

Clinical preventive services (CPS) can provide many benefits to individual patients and are fundamental to early disease detection, effective primary care intervention, and improving health outcomes. In addition, the increased use of CPS could contribute to billions in health care savings and avert the loss of millions of life years annually.[1] Yet it is often difficult for patients to understand and obtain CPS[2] — this underscores the need for personalized, plain language guidance on when and how to get preventive services.

In line with the health literate care model, the Office of Disease Prevention and Health Promotion (ODPHP) is interested in assessing how its myhealthfinder tool[3] and healthfinder content[4] could be used in primary care settings to facilitate productive patient-provider conversations and ultimately increase uptake of preventive services. ODPHP is continuing its efforts to better understand how its myhealthfinder tool and healthfinder content could be used to increase the use of CPS.

2. Purpose and Use of the Information Collection

To support these efforts and better understand how myhealthfinder might increase the use of CPS, ODPHP wants to evaluate the use and any impact of a "prescription for myhealthfinder" on how patients and clinicians prepare for a clinical encounter or the encounter itself. Specifically, ODPHP proposes conducting surveys with patients, following clinical visits, as well as brief interviews with clinicians.

Patient Surveys
ODPHP is seeking approval to conduct 800, 8-minute surveys with patients who received a "prescription for myhealthfinder." Surveys are the most efficient way to collect information on patient attitudes and experiences related to the use of myhealthfinder, clinician-patient communication, and use of CPS.

In these surveys, ODPHP seeks insight into the following research questions:

- To what extent did patients use healthfinder?

[1] Maciosek, M. V., Coffield, A. B., Flottemesch, T. J., Edwards, N. M., & Solberg, L. I. (2010). Greater us of preventive services in U.S. health care could save lives at little or no cost. *Health Affairs*, 29, 1656 -1660.
[2] Ogden, L. L, Richards, C. L., & Shenson, D. (2012). Clinical preventive services for older adults: The interface between personal health car and public health services. American Journal of Public Health, 102, 419-425.
[3] https://healthfinder.gov/myhealthfinder/default.aspx
[4] https://healthfinder.gov/

- What were patient understandings of recommended clinical preventive services?
- What were patient experiences of the clinical encounter?

All patient participation is strictly voluntary.

Clinician Interviews
ODPHP also seeks approval to conduct 20, 30-minute debriefing interviews with clinicians. These brief interviews with clinicians are an efficient way to collect in-depth feedback on their experiences and preferences, as well as their perceptions of patient experiences.

Through these interviews, ODPHP seeks insight into the following research questions:
- How did the use of healthfinder impact clinician-patient conversations around CPS?
- What impact did the use of healthfinder have on clinic workflow?
- How did the use of healthfinder impact patient perceptions about CPS?

All clinician participation is strictly voluntary.

Information Use
Following the data collection, ODPHP will develop a summary report that details key findings. ODPHP will present findings in aggregate and will not collect or report information that identifies individual participants.

Surveys with patients and interviews with clinicians will both provide ODPHP with critical insights regarding "prescriptions of myhealthfinder" as a tool to help patients and providers prepare for clinical encounters. ODPHP is continuing its efforts to better understand how the myhealthfinder tool and healthfinder content could be used to increase the use of CPS.

3. Use of Improved Information Technology and Burden Reduction

Participating clinicians will be recruited using purposive sampling to include clinicians in a variety of practice models and working in rural, suburban, and urban settings. In addition to being methodologically sound, this method for sampling reduces participant burden because no screening process will be necessary. To reduce participant burden, all of the clinician interviews will be conducted remotely at times convenient for participating clinicians via telephone or an internet-based platform. ODPHP will use a laptop to take notes to save transcription time. To ensure that key themes and quotations are captured accurately, ODPHP will also use digital recording tools to audiotape all clinician interviews.

Patients will be chosen at random from among patients scheduled for upcoming wellness visits with participating clinicians. The participant burden is lessened because there will be no need for screening. The patient surveys will be conducted in person following patient wellness

encounters with their clinicians. To reduce participant burden for patients of a variety of ages and different comfort levels with technology, all patients will complete the brief paper-based surveys while they are still in their clinician's office.

4. Efforts to Identify Duplication and Use of Similar Information

To our knowledge, there is no information of a similar nature that has been or is currently being collected. This study builds upon prior research ODPHP conducted to develop the myhealthfinder tool and healthfinder content. ODPHP is continuing its efforts to better understand how the myhealthfinder tool and healthfinder content could be used to increase the use of CPS.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be impacted or involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

This request is for one-time data collection. These data have not previously been collected elsewhere.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism through ODPHP — OMB No. 0990-0281.

9. Explanation of Any Payment or Gift to Respondents

Patients will not be offered an incentive to participate in the 8-minute survey. Likewise, clinicians will not be offered an incentive for participating in the 30-minute debriefing interview.

10.Assurance of Privacy Provided to Respondents

The Privacy Act does not apply to this data collection. ODPHP is taking a variety of steps to ensure we are protecting the rights of all participants. An Institutional Review Board has reviewed and approved this study, including the patient survey [see **Attachment A**] and the interview guide for the clinician interviews [see **Attachment B**].

ODPHP will not collect any personally identifiable information from participants in either the patient surveys or clinician debriefing interviews. All audio recordings of clinician interviews will be destroyed once the interviews are transcribed, and transcripts will be de-identified if clinicians inadvertently provide any identifying information.

The survey and the interview moderator's guide all include information for participants about measures the researchers will take to keep data private to the extent allowable by law. Before participating, all participants will review the relevant consent language and sign consent forms indicating that they understand their rights and agree to participate. They will be told that they can stop participating at any time without penalty.

11. Justification for Sensitive Questions

ODPHP does not anticipate that research participants will perceive questions as sensitive in nature. ODPHP will focus on collecting information needed to see how patients and clinicians use the "prescriptions for myhealthfinder" and healthfinder content in primary care settings to prepare for visits and to see if the tool facilitates productive patient-provider conversations. Prior to participating in the research activities, ODPHP will inform participants that they may decline to respond to any questions they would rather not answer.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on:

- 8-minute surveys with a total of 800 patients [see **Attachment A**]
- 30-minute interviews with a total of 20 clinicians [see **Attachment B**]

Table A-12: Estimated Annualized Burden Hours and Costs to Participants

Research Instrument	No. of Participants	Average Burden per Response	Total Burden Hours	Hourly Wage Rate	Total Participant Costs
Attachment A:	800	8/60	107	$23.86	$2553.02

Patient Survey					
Attachment B: Moderator's Guide for Clinician Interviews	20	30/60	10	$96.54	$965.40
Totals	**820**		**117**		**$3518.42**

The estimates for clinicians for hourly burden are calculated using the mean hourly wage for family and general practitioners ($96.54), with whom patients are scheduling the wellness visits.[5] For patients, estimates for hourly burden are calculated using the mean hourly wage for all occupations ($23.86), because ODPHP anticipates patients will come from diverse occupations.

13. Estimates of Annualized Burden Hours and Costs

ODPHP does not anticipate that clinicians will incur costs as a result of participating in the in-depth interviews. Likewise, we do not anticipate participating patients will incur costs related to completing the survey.

14. Annualized Cost to the Government

Table A-14: Estimated Annualized Cost to the Federal Government

Expense	Number/ Amount	Cost/Hourly Wage Rate	Average Cost
Researchers	120	$123.64	$14,836.80
Research Support	300	$66.52	$19,956.00
Facility and Coordination Fee	20	$1000.00	$20,000.00
Estimated Total Cost of Data Collection			**$54,792.80**

The estimated annual cost to the Federal government is $54,792.80.

15. Explanation for Program Changes or Adjustments

This is new data collection.

[5] May 2017 National Occupational Employment and Wage Estimates, United States. Bureau of Labor Statistics. United States Department of Labor. Retrieved at http://www.bls.gov/oes/current/oes_nat.htm.

16. Plans for Tabulation and Publication and Project Time Schedule

Patients will complete paper surveys. Contractor staff will enter the survey data into computer files for analysis with statistical software. Contractor staff will analyze the data to look for key themes and findings in relation to the research questions. These findings will be summarized. No names or other personal information will be reported in the summaries.

The qualitative information shared during clinician interviews will be collected via typed notes and audio recording. After each interview is complete, contractor staff will review the written notes within 24 hours. Contractor staff will analyze the data by reviewing the session notes and pulling out the main themes from each set of discussions. These themes will be summarized. No names or other personal information will be reported in the summaries.

Proposed Timeline

Completion Date	Major Tasks/Milestones
October - January 2017	• Develop study design and materials • Submit request for IRB approval
February – March 2018	• Submit request for OMB approval under existing generic clearance • Plan for data collection – patient surveys and clinician interviews
April - June 2018	• Collect data – patient surveys • Begin analyzing data – patient surveys
July – Sept 2018	• Collect data – clinician interviews • Analyze data – patient surveys • Draft summary report with preliminary findings
October – December 2018	• Analyze data – clinician interviews • Draft summary report with full findings

17. Reason(s) Display of OMB Expiration Data is Inappropriate

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

Section A — List of Attachments

[IN SEPARATE FILES]

- **Attachment A:** Patient Survey (Research Instrument)

- **Attachment B:** Moderator's Guide for Clinician Interviews (Research Instrument)