Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1050)

TITLE OF INFORMATION COLLECTION: Adapting Clinical Guidelines for the Digital Age Meeting Feedback Survey

PURPOSE: To allow participants in the Adapting Clinical Guidelines for the Digital Age Meeting, which occurred on Feb 5-9, 2018) an opportunity to provide input on the structure and effectiveness of the event. Information collected will be used to help improve our meetings and events related to this topic in the future.

DESCRIPTION OF RESPONDENTS: In-person and virtual participants in the Adapting Clinical Guidelines for the Digital Age Meeting. Participants included representatives from the following stakeholder groups:

- Guideline authors
- Health IT developers
- Communicators
- Clinicians
- Patients / Patient Advocates
- Medical Societies
- Public Health Organizations
- Evaluation experts
- Standards experts
- Clinical decision support developers
- Clinical quality measure developers
- Policy or technical support for implementation

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[] Focus Group
[X] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] Other:_____

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: Maria Michaels, Public Health Advisor, Office of Public Health Scientific Services Office of the Director

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No X N/A

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
In-Person and Virtual Participants of Adapting Clinical Guidelines for the Digital Age Meeting	232	10 minutes	39 hours
Totals	232	10 minutes	39 hours

FEDERAL COST: The estimated annual cost to the Federal government is $ 62.47. This estimate is based on a GS-14 submitting the survey to recipients and compiling the data. The survey will be sent once to all participants of the Adapting Clinical Guidelines for the Digital Age Meeting. The survey tool will maintain the data. It will take the GS-14 one hour to send the survey and compile the data.

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?

There are 232 in-person and virtual participants for the Adapting Clinical Guidelines for the Digital Age Meeting representing the following stakeholder groups:

- Guideline authors
- Health IT developers
- Communicators
- Clinicians
- Patients / Patient Advocates
- Medical Societies
- Public Health Organizations
- Evaluation experts
- Standards experts
- Clinical decision support developers

- Clinical quality measure developers
- Policy or technical support for implementation

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [ ] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

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

Attachments:

- **Instrument**
- **Instructions/Email Script**

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.

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.
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.

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