## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate:05/2020)

**TITLE OF INFORMATION COLLECTION:**

NCI Healthcare Teams Cyber Discussion Feedback Survey

**PURPOSE:**

The Healthcare Teams (HCT) Cyber Discussion series, hosted by the National Cancer Institute's Healthcare Delivery Research Program, identifies strategies for healthcare teams to measure and evaluate teamwork processes in cancer care delivery. The purpose of this information collection is to obtain feedback from participants of Cyber Discussion to understand what went well and what enhancements can be made to improve service delivery.

**DESCRIPTION OF RESPONDENTS**:

Respondents are 90 individuals interested in how cancer care teams improve cancer care delivery including: cancer care clinicians, researchers, cancer patients and their families.

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

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

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

[ ] Focus 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:\_\_\_Veronica Y. Chollette\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ x] Yes [] No
   1. PII includes respondent name, title, institution, mailing and email address
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ x] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ x] No

**Gifts or Payments:**

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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per**  **Response**  **(in hours)** | **Total Burden**  **Hours** |
| Individuals | 90 | 1 | 5/60 | 8 |
| **Totals** | **90** | **90** |  | **8** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Individuals | 8 | $23.86 | $190.88 |
| **Totals** | **8** |  | **$190.88** |

\*Occupation title “All-Occupations”, Occupation code “00-0000”, <https://www.bls.gov/oes/current/oes_nat.htm#00-0000>

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,889

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  | **$2,689** |
| Public Health Advisor | 14/7 | $134,426 | 2% |  | $2,689 |
| **Contractor Cost** |  |  |  |  | **$200** |
| Data Collection |  |  |  |  | $200 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$2,889** |

**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? The customer list includes name and contact information of registered participants for each Cyber Discussion session. We use this list to build the database of individuals interested in healthcare teams research. We do not have a sampling plan. At the close of each Cyber Discussion registered participants have the option to participate in a post session questionnaire.

**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

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

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