Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0642 Expiration Date:05/31/2020)

TITLE OF INFORMATION COLLECTION:

National Cancer Institute (NCI) Healthcare Teams Cyber Discussion Feedback Survey/poll

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 assess teamwork processes in cancer care delivery. The purpose of the survey is to assess the impact of the National Cancer Institute's Healthcare Teams Cyber Discussions to stimulate patient-centered care, improve care coordination through better teamwork and research.

This request differs from the approved request in September 2017 which assessed post webinar satisfaction, while this current request is to assess impact of the webinars on practice change and research.

DESCRIPTION OF RESPONDENTS:

Respondents are 100 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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? [ ] Yes [x] No

a. 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 [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] 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	100	1	5/60	8
Totals	**100**	**100**		**8**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	8	$24.34	$194.72
Total			**$194.72**

*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 $2,950 .16

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Health Advisor	14/7	$137,508	2%		$2,750.16
Contractor Cost					
Data Collection					$200.00
Travel					$0
Other Cost					$0
Total					**$2,950.16**

**The salary in the table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx

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

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