<u>SUBMISSION OF INFORMATION COLLECTION UNDER THE</u> <u>Request for Approval under AHRQ's Generic Clearance "Questionnaire and Data</u> Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality<u>" (OMB Control Number: 0935-0124)</u>

DATE OF REQUEST: November 29, 2018

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Advancing the Collection and Use of Patient –Reported Outcomes through Health Information Technology

GENERIC CLEARANCE UNDER OMB#: 0935-0124 **EXP. DATE:** 11/30/202020

ABSTRACT: The purpose of this request is to conduct pilot tests to assess whether the Challenge Competition winning app and the OBERD app can be successfully used in practices to collect and integrate PRO data with different EHRs. AHRQ will assess the usability of the apps including whether patients can successfully navigate the app and answer the PRO questions. AHRQ will also assess whether providers use PRO data collected via the app and whether the data are informative for clinical care. The proposed effort is a critical step toward testing the use of standards for PRO app development, implementation, and effective use of data, by providers and patients. A report will be produced to identify success factors, barriers, and facilitators to implementing the PRO apps, usability of the apps, and recommendations for future activities relevant to the key stakeholders. This report will be instrumental to inform AHRQ's objective of advancing the collection and use of standardized PRO data.

This research has the following goals:

1) Understand the usability and functional requirements of stakeholders involved in the development, implementation, and use of two PRO apps

TOTAL ANNUAL BURDEN APPROVED: 8900 Hours Per year

BURDEN USED TO DATE: 300 hours.

BURDEN THIS REQUEST: 899 hours.

FEDERAL COST: The estimated annual cost to the Federal government is \$27,6998_____.

IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?

____YES ____NO ___x_ N/A

OBLIGATION TO RESPOND:

_____X__VOLUNTARY ______ REQUIRED TO OBTAIN OR RETAIN BENEFITS ______ MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

_____WEB SITE ____TELEPHONE INTERVIEW _____MAIL RESPONSE [email] _____IN PERSON INTERVIEW ____X__OTHER: _____Survey_____

CONTACT INFORMATION:

NAME: _Erwin Brown______ TELEPHONE NUMBER: _ (301) 427-1652 ______ EMAIL ADDRESS: EBROWN@AHRQ.GOV ______