

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp. Date: 05/31/2021)**

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**TITLE OF INFORMATION COLLECTION:** Focus Group for Primary Care Providers Regarding Alcohol Treatment (NIAAA)

**PURPOSE:**

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) wishes to (1) gain insight into the knowledge and practices of primary care providers—physicians, nurse practitioners, and physician assistants—with regard to alcohol treatment referrals and (2) gain feedback into the value of clinician-specific tools in development by NIAAA. The focus group will include a series of questions related to the current NIAAA Alcohol Treatment Navigator and to a new clinician core resource designed to educate health care providers about alcohol and health. Information from this focus group will be used to develop and improve the design and content of the clinician resources.

Along with this form, we have submitted the participant recruitment screener and focus group moderator guide, as well as the Navigator video and slides (PDF) that will be shared during the focus group. We will display the OMB burden statement the last page of the presentation.

**The NIAAA previously conducted a pilot focus group with 9 participants, and now plans another round of testing with an additional 9 participants. Because the subject matter is largely the same, technically the total number of respondents is 18. Therefore, we are requesting OMB approval at this mid-point to cover the entire study.**

**DESCRIPTION OF RESPONDENTS:**

Respondents will include primary care physicians, nurse practitioners, and physician assistants.

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

- |                                                                        |                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" type="checkbox"/> Focus Group                        | <input type="checkbox"/> 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: Katherine Masterton

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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

**Gifts or Payments:**

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

**ESTIMATED BURDEN HOURS and COSTS**

| Category of Respondent | Forms                 | No. of Respondents | No. of Responses per Respondent | Time per Response (in hours) | Total Burden Hours |
|------------------------|-----------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Private Sector         | (Screener)            | 24                 | 1                               | 6/60                         | 4                  |
| Private Sector         | Physician (Moderator) | 18                 | 1                               | 60/60                        | 18                 |
| <b>Totals</b>          |                       |                    | 42                              |                              | <b>20</b>          |

| Category of Respondent  | Total Burden Hours | Wage Rate* | Total Burden Cost |
|-------------------------|--------------------|------------|-------------------|
| Primary care physicians | 6                  | \$96.68    | \$580.08          |
| Nurse practitioners     | 4                  | \$55.22    | \$220.88          |
| Physician assistants    | 5                  | \$51.46    | \$257.30          |
| Therapists              | 3                  | \$37.23    | \$111.69          |
| <b>Totals</b>           |                    |            | <b>\$1169.95</b>  |

\*BLS National Occupational Employment and Wage Estimates  
[https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,689.00

| Staff                     | Grade/Step | Salary    | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|---------------------------|------------|-----------|-------------|------------------------|---------------------|
| <b>Federal Oversight</b>  |            |           |             |                        |                     |
| Public Affairs Specialist | 13/10      | \$128,920 | 1%          |                        | \$1,289.00          |
| <b>Contractor Cost</b>    |            | \$90,000  | 2.6%        |                        | \$2,400.00          |
| Travel                    |            |           |             |                        | N/A                 |
| Other Cost                |            |           |             |                        | N/A                 |

|              |  |  |  |  |            |
|--------------|--|--|--|--|------------|
| <b>Total</b> |  |  |  |  | \$3,689.00 |
|--------------|--|--|--|--|------------|

**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?  
 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?

We have developed a recruitment screening tool (attached) to identify nine primary care providers with diverse demographic and practice setting characteristics.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain

We will use in online communication conferencing application, Zoom.

2. Will interviewers or facilitators be used?  Yes  No