

**SUBMISSION OF INFORMATION COLLECTION UNDER THE  
Generic Clearance for the Collection of Qualitative Feedback on Agency Service  
Delivery**

**DATE OF REQUEST:** August 30, 2016

**SUB AGENCY (I/C):** HHS/AHRQ

**TITLE:** Stakeholder Customer Satisfaction Survey for the Evidence Based Practice Center  
(EPC) Program

**Practice Center (EPC) Division**

**GENERIC CLEARANCE UNDER OMB#:** 0925-0179

**EXP. DATE:** 11/30/2017

**ABSTRACT:**

The mission of the EPC program is to create reports that improve healthcare by supporting evidence-based decision making by patients, providers, and policymakers. To ensure that our reports answer the questions that are important to these stakeholders and to facilitate dissemination of our reports, we notify stakeholders at several key points during the systematic review development process. When we are beginning a systematic review, we identify stakeholders who may be interested in the topic. We then notify them via email to let them know we have started working on a topic, when there are opportunities for public comment, and when the review is complete. We want to learn more about their experiences receiving these updates and how we can improve their experiences.

Respondents will be invited to take a brief survey via email. The survey will not collect or store any personally identifiable information from the respondent; it will only collect the name of the systematic review, the organization the respondent is from, and the survey responses.

**TOTAL ANNUAL BURDEN APPROVED:** 3,383 Hours Per year

**BURDEN USED TO DATE:** 404 hours.

**BURDEN THIS REQUEST:** 100 hours.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$5,500\_\_\_\_\_.

**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?**

\_\_\_\_x\_ WEB SITE  
\_\_\_\_ TELEPHONE INTERVIEW  
\_\_\_\_ MAIL RESPONSE  
\_\_\_\_ IN PERSON INTERVIEW  
\_\_\_\_ OTHER: \_\_\_\_\_

**CONTACT INFORMATION:**

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