

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0955-0003)

TITLE OF INFORMATION COLLECTION: ONC Interoperability Forum Sessions Evaluation

PURPOSE:

The Office of the National Coordinator of Health IT (ONC) conducts a yearly forum to learn about recent efforts to advance interoperability nationwide and identify concrete actions in response to current interoperability barriers. ONC would like to assess the success of this forum, specifically the operations of the forum and the intended outcomes. ONC plans to evaluate the satisfaction of the forum overall from those attending in person and via webinar. In addition, ONC is interested in the satisfaction of each session under each workshop and track during the forum. ONC seeks to understand if knowledge is received and the specific objectives are being met for each session.

DESCRIPTION OF RESPONDENTS:

The event is targeted to a technical audience. The expected respondents will include ONC attendees, other federal partners, the healthcare industry, and the technology sector.

TYPE OF COLLECTION: (Check one)

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

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) 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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals- Workshop and Track Attendees	860	5/60	7
Totals	860		7

FEDERAL COST: The estimated annual cost to the Federal government is
_____ \$3,848 _____

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?

Respondents will be those registered to attend the conference workshops and track sessions. Attendees will complete the same survey for the various sessions (approximately 6).

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
- 2. Will interviewers or facilitators be used? Yes No

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