

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

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**TITLE OF INFORMATION COLLECTION:** Health Information Technology Patient Satisfaction Survey (CC)

**PURPOSE:** The purpose of this survey is to solicit patient feedback on the impact of an updated patient portal on the patient experience and portal utilization at the National Institutes of Health Clinical Center (NIHCC).

**DESCRIPTION OF RESPONDENTS:** The convenience sample will consist of approximately 7500 outpatients and discharged patients that have registered and activated NIH Clinical Center patient portal accounts.

**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: Michelle Lardner

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	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Patients (Gen Public)	1500	2	5/60	250
<b>Totals</b>	<b>1500</b>	<b>3000</b>		<b>250</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Patients (Gen Public)	250	\$8.25	\$2063
<b>Totals</b>	<b>250</b>		<b>\$2063</b>

\*Hourly Wage Rate is minimum wage for Maryland: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3979

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Information Technology Specialist	11/9	81,889	1		\$819
Deputy Chief Information Officer, Clinical Informatics	15/8	157,971	1		\$1580
Chief of Health Information Management	15/8	157,971	1		\$1580
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$3979</b>

**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?

**This will be a convenience sample of the current list of patients that have registered for the patient portal. Three months following the implementation of the new portal, the same survey will be sent out again to all registered portal patients.**

#### **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 intend on using Surveygold to generate a weblink to be sent via email to all registered portal patients. The survey is voluntary and does not request personal-identifying information. No IP addresses or other identifiers will be tracked with completed surveys.**

2. Will interviewers or facilitators be used?  Yes  No

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