

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

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)

☐ Customer Comment Card/Complaint Form
☐ Usability Testing (e.g., Website or Software)
☒ Focus Group

☐ Customer Satisfaction Survey
☐ Small Discussion Group
☐ 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
Totals			42		20

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
Totals			\$1169.95

*BLS National Occupational Employment and Wage Estimates
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
Federal Oversight					
Public Affairs Specialist	13/10	\$128,920	1%		\$1,289.00
Contractor Cost		\$90,000	2.6%		\$2,400.00
Travel					N/A
Other Cost					N/A

Total					\$3,689.00
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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?
[X] 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
[X] Other, Explain

We will use in online communication conferencing application, Zoom.

2. Will interviewers or facilitators be used? [X] Yes [] No