

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”**  
**(OMB Control Number: 0917-0036)**

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**TITLE OF INFORMATION COLLECTION:** OMB No. 0917-0036, Indian Health Service (IHS) RPMS Stakeholder Survey – Resource and Patient Management System Program Operational Analysis Needs Assessment

**PURPOSE:** The IHS Resource and Patient Management System (RPMS) Program Office is required by the Department of Health and Human Services to conduct an annual Operational Analysis (OA) on any information technology investments considered operations and maintenance. The majority of the RPMS investment is considered operations and maintenance and requires the annual OA. Feedback on usability, satisfaction, and effectiveness of RPMS from a user perspective is important for determining whether RPMS continues to meet user requirements. The RPMS Program Office would like to survey individuals who use RPMS to gather valuable information on their experiences with the functionality, performance, and usability of RPMS, in order to improve the current system

**DESCRIPTION OF RESPONDENTS:** Individuals (stakeholders) who use any part of the RPMS.

**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 type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Needs Assessment</u> |

**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: Jeanette Kompkoff

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 [X ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Any users of RPMS	500	10/60 per hour	83 hours per year
<b>Totals</b>	<b>500</b>	10/60 per hour	<b>83 hours per year</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,485.28.

The cost involved for the creation, approvals, distribution, and downloading of the survey include the following:

Category	Hours	Hourly Rate	Amount
Survey development and updates (contractor)	6	\$94.72	\$568.32
OMB form development and follow-up (contractor)	3	\$94.72	\$284.16
Survey creation on Survey Monkey and extraction of results (contractor – training staff)	2	\$76.97	\$153.94
Survey communication and follow-up (contractor)	2	\$94.72	\$189.44
Survey results download and follow-up (contractor)	1	\$94.72	\$94.72
Federal edits and authorization (federal staff – average cost)	3	\$64.90	\$194.70
<b>Total</b>			<b>\$1,485.28</b>

The total does not include the analysis that will occur once the results are provided to the RPMS Operational Analysis (OA) team as that will be part of the overall process for the OA. We are using existing survey software from the RPMS Training team.

**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 [X ] 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?

The RPMS Program Office has identified likely RPMS users in the following Listservs and Mail Groups:

- ListSers
  - o Electronic Health Record
- Mail Groups
  - o ISC
  - o Pharmacy Consolidated Mail Outpatient Pharmacy
  - o IHS Patient Merge
  - o VistA Imaging
  - o RPMS Behavioral Health Users
  - o IHS Contract Health Services Operational Workgroup
  - o Business Office Coordinators
  - o IHS Medical Record Consultants
  - o IHS RPMS Administrators
  - o IHS Site Managers (OIT)
  - o IHS Urban Government Performance and Results Act Leads

The electronic survey link will be sent to these sources with a request to participate in the voluntary survey.

**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.

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### **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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**