

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

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). Data collection for race, ethnicity, etc., is being done because the initial survey had these fields. These fields were on the original survey to determine if race, ethnicity, age, sex related to use of the portal. To maintain integrity to the original survey when comparing results and to determine any relationship of these fields and usage of the portal we are requesting these fields remain.

DESCRIPTION OF RESPONDENTS:

The convenience sample will consist of approximately 48,000 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: Fred Vorck

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 [X] No

ESTIMATED BURDEN HOURS and COSTS

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Patient survey	Individual/households	18,960	1	5/60	1,580
Worker survey	Individual/households	29,040	1	5/60	2,420
Totals		48,000	48,000		4,000

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Gen Public	4,000	\$27.07	\$108,280
Totals			

*Hourly Wage Rates:

https://www.bls.gov/oes/current/oes_nat.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$1,175

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Privacy officer	13/6	\$120,972	.5%		\$605
Nurse Consultant	13/4	\$114,059	.5%		\$570
Contractor Cost					
Travel					\$0
Other Cost					\$0
Total					\$1,175

*the Salary in table above is cited from

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf>

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 the current list of patients that have registered for the patient portal.

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 Microsoft Teams 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.