

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: NIDDK Health Information Satisfaction Survey

PURPOSE:

The purpose of the survey is to collect responses from patients and health care providers regarding their experience with NIDDK health information content delivered via the OCHIN electronic health record (EHR) system.

DESCRIPTION OF RESPONDENTS:

The respondents will include patients from OCHIN’s member organizations as well as the attendees of a bi-weekly Clinical Operations Review Committee (CORC) session, hosted by OCHIN. The attendees of CORC sessions are member organization IT leads and physicians who are champions for the EHR system.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form Customer Satisfaction Survey
 Usability Testing (e.g., Website or Software) Small Discussion Group
 Focus 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: Andrew Bojanowski

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
Individuals	190,000	1	3/60	9,500
Totals		190,000		9,500

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households	9500	\$22.00	\$209,000
Totals			\$209,000

*Source: [U.S. Bureau of Labor Statistics May 2021 National Occupational Employment and Wage Estimates, United States](https://www.bls.gov/news.release/archives/oea0521.pdf)

FEDERAL COST: The estimated annual cost to the Federal government is \$1937.95

Staff	Grade/ Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Lead Public Health Advisor	14/7	\$151,479*	.2%		\$302.95
Contractor Cost— Marketing Strategy & Analysis Senior Associate		\$1,090	100%		\$1090
Contractor Cost— Marketing Strategy & Analysis Manager		\$545	100%		\$545
Total					\$1937.95

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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?

Potential respondents include patients and health care providers of OCHIN's member organizations. The link for patient surveys will be available to all patients who receive NIDDK health information through the OCHIN EHR system. The survey appears as a QR code in the health information article that will be included in a patient's printed, after-visit summary after an in-office medical visit or digitally within the patient's medical portal. The link for provider surveys will be available to all attendees of the OCHIN bi-weekly CORC sessions.

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.