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

**TITLE OF INFORMATION COLLECTION:**

NIDDK Health Care Provider Satisfaction Survey

**PURPOSE:**

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

**DESCRIPTION OF RESPONDENTS**:

The respondents will include 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. The survey is planned to be conducted on a quarterly basis for up to 2 years.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] 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 [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Individuals | 15 | 1 | 3/60 | 1 |
| **Totals** |  | 15 |  | **1** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals or Households | 1 | $109.22 | $109.22 |
| **Totals** | **1** | $109.22 | $109.22 |

\*Source: [U.S. Bureau of Labor Statistics May 2022 National Occupational Employment and Wage Estimates, United States](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$1952.68\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| Lead Public Health Advisor | 14/7 | $158,840\* | .2% |  | $317.68 |
|  |  |  |  |  |  |
| Contractor Cost— Marketing Strategy & Analysis Senior Associate |  | $1,090 | 100% |  | $1090 |
| Contractor Cost—Marketing Strategy & Analysis Manager |  | $545  | 100% |  | $545 |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$1952.68** |

**\*the Salary in table above is cited from** [**https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB.pdf**](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/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? [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?

Potential respondents include attendees of a bi-weekly Clinical Operations Review Committee (CORC) session, hosted by OCHIN. Attendees will comprise of OCHIN member organization IT leads and health care providers. The link for the health care provider survey will be available to all attendees who attend CORC sessions where the survey is facilitated live. The live survey is accessed and completed via a poll application within Zoom that is activated and made available to attendees during the live session. It is estimated that 5% of 300 expected attendees will complete the survey.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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