

**SUBMISSION OF INFORMATION COLLECTION UNDER THE  
Generic Clearance for the Collection of Qualitative Feedback on Agency Service  
Delivery**

**DATE OF REQUEST:** August 30, 2016

**SUB AGENCY (I/C):** HHS/AHRQ

**TITLE:** Patient Key Informant Customer Satisfaction Survey for the Evidence Based Practice Center (EPC) Division

**GENERIC CLEARANCE UNDER OMB#:** 0925-0179

**EXP. DATE:** 11/30/2017

**ABSTRACT:**

The mission of the EPC program is to create reports that improve healthcare by supporting evidence-based decision making by patients, providers, and policymakers. To ensure that our reports answer the questions that are important to patient, we invite 1-2 patients or patient representatives as Key Informants to participate in designing the research questions that guide the report. In order to be certain our process effectively engages these patient Key Informants and to make sure that the final report answers their questions, we would like to ask them a few questions via an online tool about their experience and about the final report, once the project is completed and the final report has been posted. This information will be used to improve how we work with patients going forward and to improve the usefulness of our reports for patients.

**TOTAL ANNUAL BURDEN APPROVED:** 3,383 Hours Per year

**BURDEN USED TO DATE:** 404 hours.

**BURDEN THIS REQUEST:** 10 hours.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$600\_\_\_\_\_.

**IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?**

\_\_\_\_ YES      \_\_\_\_ NO      \_\_\_\_x\_\_\_\_ N/A

**OBLIGATION TO RESPOND:**

\_\_\_x\_\_\_ VOLUNTARY  
\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS  
\_\_\_\_ MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

\_\_\_x\_\_\_ WEB SITE  
\_\_\_\_ TELEPHONE INTERVIEW  
\_\_\_\_ MAIL RESPONSE  
\_\_\_\_ IN PERSON INTERVIEW  
\_\_\_\_ OTHER: \_\_\_\_\_

**CONTACT INFORMATION:**

NAME: Erwin Brown

TELEPHONE NUMBER: 301.427.1652

EMAIL ADDRESS: ebrown@ahrq.gov