

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

**DATE OF REQUEST:** 05/07/2021

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

**TITLE: Building Diagnostic Safety Capacity - Diagnostic Calibration Resource  
Evaluation Plan**

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

**EXP. DATE:** 11/30/2023

**ABSTRACT:**

The MedStar Health Research Institute was awarded a contract with AHRQ to provide program support and expertise related to improving diagnostic safety and quality across five distinct contract tasks. Task 5A of the contract is to develop, implement, pilot test and promote measurement approaches at the individual clinician level to improve diagnostic safety capacity. To execute this task, the contractor has assembled an interprofessional team to develop a tool that provides clinicians with guidance for evaluating and calibrating their own diagnostic performance for the purposes of learning and improvement and to prevent gaps in care leading to diagnostic failures.

A qualitative approach to data collection (e.g., individual interviews) and analysis will be used to pilot test the tool and provide useful insights on stakeholders' perceptions and opinions, identify barriers and facilitators to implementation, receptivity to the tool by stakeholders, as well as to explore general stakeholder feedback to enhance the usability of the tool. The approach will not consist of statistical surveys that yield quantitative results that can be generalized to the population. Pilot testing will occur with up to 20 clinicians and feasibility of implementation will be assessed at the stakeholder level. The information collected from stakeholders will be used to revise the tool in order to promote widespread adoption.

This information collection has the following goal:

1. To pilot test the diagnostic safety calibration resource (the Resource) in order to prepare the Resource for further evaluation and eventual implementation. The testing process will qualitatively examine:
  - a. Ease of use of the Resource with limited or no technical assistance;
  - b. Receptivity of clinicians to the Resource;
  - c. Feedback on areas to improve the Resource and feasibility of its implementation within various settings (e.g., hospital, outpatient practices, rural/urban, academic/non-academic).

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

**BURDEN USED TO DATE:** 1687 hours.

**BURDEN THIS REQUEST:** 50 hours.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$202,738

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

YES       NO       N/A

**OBLIGATION TO RESPOND:**

VOLUNTARY  
 REQUIRED TO OBTAIN OR RETAIN BENEFITS  
 MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

WEB SITE

TELEPHONE INTERVIEW  
 MAIL RESPONSE  
 IN PERSON INTERVIEW  
 OTHER:

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