# Request for Approval under the Voluntary Partner Surveys to Implement Executive Order 12862 (OMB Control Number: 0915-0212)

## TITLE OF INFORMATION COLLECTION:

Collection of Qualitative Feedback on Telehealth.HHS.gov

#### **PURPOSE:**

This is a request for OMB approval of qualitative voluntary customer satisfaction surveys under HRSA's generic clearance. HRSA's Office for the Advancement of Telehealth (OAT) will obtain feedback from users of Telehealth.HHS.gov that was funded through the CARES Act (P.L. 116-136, P.L. 88-426, 5 U.S.C. 101, 42 U.S.C. Section 210), as amended. Telehealth.HHS.gov received \$64.5 million in funding and seeks to provide a unified, trustworthy landing place for telehealth, to expedite awareness and adoption of remote health care options for patients and providers.

Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services". The objective of surveying the users of Telehealth.HHS.gov is to provide insight regarding opinions, experiences, and perceptions of Telehealth.HHS.gov, including appropriateness, accuracy, and gaps in information. The information collected will help ensure that users have an effective, efficient, and satisfying experience with Telehealth.HHS.gov.

HRSA will use the information gathered to get a better understanding of users on Telehealth.HHS.gov. The surveys will include questions regarding page/site usefulness, desired content, recommended improvements, and any general feedback. Copies of the survey instrument are attached.

Participation in the surveys is voluntary and information provided will only be shared internally with HRSA and website contractors. The information provided from the surveys will be important feedback regarding our customers' satisfaction and suggestions for improvement of Telehealth.HHS.gov. If the data is not collected HRSA will not be informed of Telehealth.HHS.gov users' opinions, experiences, and perceptions of the website and will lack the information needed to ensure that users have an effective, efficient, and satisfying experience with Telehealth.HHS.gov.

# **DESCRIPTION OF RESPONDENTS:**

Survey respondents will be users of Telehealth.HHS.gov.

| TYPE OF COLLECTION: (Check one)  |  |
|--|--|
| [ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software) | [X] Customer Satisfaction Survey [] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: St | tephanie Miller |  |
|----------|-----------------|--|
|----------|-----------------|--|

To assist review, please provide answers to the following questions:

# **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
- 2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If yes, has an up-to-date System of Records Notice (SORN) 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

#### **BURDEN HOURS**

| Category of Respondent           | No. of      | Participation Time | Burden Hours |
|----------------------------------|-------------|--------------------|--------------|
|                                  | Respondents |                    | Total        |
| Website user (site-wide survey)  | 2,500       | .00999             | 24.975       |
| Website user (page-level survey) | 4,100       | .00556             | 22.796       |
| Totals                           | 6,600       |                    | 47.771*      |

<sup>\*</sup> Rounds up to 48 hours in ROCIS

### **FEDERAL COST:**

The estimated annual cost to the federal government is \$44,920. The estimated total cost, including work completed through a federal contractor, is \$224,600 over a 5-year period. The estimated annual cost of federal employee oversight is \$885 which includes 0.5% FTE from a GS13 Step 1 in Washington-Baltimore-Arlington Locality (\$117,962), multiplied by 1.5 to adjust for overhead costs. The estimated cost for evaluation is \$1,035 which includes 1% from a Research Analyst (\$103,500). The estimated cost for hosting the survey is \$43,000.

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   |
|    | [X] 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?

Participation in the surveys is voluntary and will be by Telehealth.HHS.gov users.

| 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   |  |  |  |
| 2.                               | Will interviewers or facilitators be used? [ ] Yes [X] No    |  |  |  |

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