SUBMISSION OF INFORMATION COLLECTION UNDER THE

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

DATE OF REQUEST:

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Stakeholder Interviews for Task 4 of AHRQ's ACTION III Diagnostic Safety

Capacity Building Contract

GENERIC CLEARANCE UNDER OMB#: 0925-0179 EXP. DATE: 11/30/2020

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 4 of the contract is to develop, pilot test and promote a resource to engage patients and families in the diagnostic process in order to reduce diagnostic errors. To execute this task, the contractor has assembled an interprofessional team to develop a patient and family resource that will provide both patients and clinical practices with simple approaches to close prevalent gaps in care leading to diagnostic failures.

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

TOTAL ANNUAL BURDEN APPROVED: 3,383 Hours Per year BURDEN USED TO DATE: 45 hours. **BURDEN THIS REQUEST: 565hours. FEDERAL COST:** The estimated annual cost to the Federal government is \$23,631_____. IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED? ___x__YES _____ NO **OBLIGATION TO RESPOND:** ___x___ VOLUNTARY REQUIRED TO OBTAIN OR RETAIN BENEFITS _ MANDATORY **HOW WILL THIS SURVEY BE OFFERED?** __ WEB SITE ___x_ TELEPHONE INTERVIEW MAIL RESPONSE x IN PERSON INTERVIEW OTHER: **CONTACT INFORMATION:** NAME: _Erwin Brown_ TELEPHONE NUMBER: 301.427.1652_

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