

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

DATE OF REQUEST: July 7, 2020

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Partner/Nominator Customer Satisfaction Survey for the Evidence Based Practice Center (EPC) Division

Practice Center (EPC) Division

GENERIC CLEARANCE UNDER OMB#: 0925-0179

EXP. DATE: 11/30/2020

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 are used, we invite partners (also referred to as nominations) from professional organizations that create guidelines or other private or public sector organizations that need a systematic review of the evidence on some medical question in order to improve medical care. In order to improve how we work with these partners/nominators and to improve the utility of the final report, we would like to interview a representative of each partner/nominator (most likely whoever worked as liaison with us during the project) about their experience and the usefulness of the final report once the project is completed. This information will be used to increase the efficiency and impact of our program.

Organizations that download MONAHRQ and generate reports to help improve health care are referred to as "Host Users." The Future of MONAHRQ Survey 2014 will be accessible to current and prospective Host Users. Examples of Host Users include: state agencies, public health departments, hospital associations, hospital systems, and individual hospitals, multi-stakeholder alliances and coalitions, Quality Improvement Organizations (QIOs), and health plans.

TOTAL ANNUAL BURDEN APPROVED: 3,383 Hours Per year

BURDEN USED TO DATE: 1102 hours.

BURDEN THIS REQUEST: 20 hours.

FEDERAL COST: The estimated annual cost to the Federal government is \$2,267.

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
____x____ TELEPHONE INTERVIEW
____ MAIL RESPONSE
____ IN PERSON INTERVIEW
____ OTHER: _____

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