

Request for Approval under the “Voluntary Partner Surveys to Implement Executive Order 12862: 0915-0212

TITLE OF INFORMATION COLLECTION:

Evaluation Survey of Eligible National Practitioner Data Bank (NPDB) Entity Users:
Relevance of Information Collected via NPDB Query Forms

PURPOSE:

The purpose of this survey is to evaluate NPDB query forms to determine whether there is a need to collect new information or discontinue collecting information that is not useful. Information obtained through this effort will be used by the Division of Practitioner Data Bank (DPDB) and its contractor(s) to improve data collection for NPDB users. Survey data will be used only for internal purposes; no data will be disseminated outside DPDB or the Health Resources and Service Administration (HRSA).

DESCRIPTION OF RESPONDENTS:

The survey will be administered to eligible queriers of the NPDB. The respondents will include Hospitals, Health Plans, and Other Health Care Entities (such as Group Practices, Clinics, Community Health Centers, Urgent Care Facilities, or Ambulatory Health Care). State Licensing Boards and Authorized Agents for NPDB Registered Health Care Entities will also be part of the survey respondent pool.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form ☒ Customer Satisfaction
Survey ☐ Usability Testing (e.g., Website or Software) ☐ 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 not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.

5. Information gathered will not be used for the purpose of substantially informing influential 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: David Loewenstein, Director, DPDB

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [☐] Yes [☒] 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 [☒] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
Eligible NPDB Query Users	900	10 minutes	150 hours
Totals	900	10 minutes	150 hours

FEDERAL COST:

The estimated annual cost to the federal government is approximately \$71,060, which includes:

DPDB staff hours:

- \$11,807 (220 hours x \$53.67/hr. over a 12-month period for three GS-13 staff members)

Contractor Staff hours:

- \$59,253 (12.5% of \$474,030 option year contract costs)

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 [☐] 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?

Using data from the NPDB's Entity User Internal Analysis Files, we have identified users that queried the NPDB between October 1, 2018, and September 30, 2023. Of these users, we plan to send the survey to those who conducted traditional one-time queries or enrolled subjects in continuous query, associated with the following types of entities:

- o Hospitals
- o Other (Health Care Facilities)
- o State Licensing Agencies
- o Health Plans
- o Authorized Agents

Administration of the Instrument

1. How will you collect the information? (Check all that apply) ☒ Web-based or other forms of Social Media
☐ Telephone
☐ In-person
☐ Mail
☐ Other, Explain
2. Will interviewers or facilitators be used? ☐ Yes ☒ No

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