

Request for Approval under the “Fast Track Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0704-0553)

TITLE OF INFORMATION COLLECTION: Digital Front Door Virtual Health for Beneficiaries

PURPOSE: The Defense Health Agency is working to rapidly pilot Amwell, a virtual health delivery platform intended to modernize the model of care delivery within the MHS. DHA intends to involve its beneficiary population to understand the usability and efficacy as the platform is piloted and developed within the selected MTFs. This is a high-priority project of the DHA Director, Lt. Gen. Telita Crosland.

DESCRIPTION OF RESPONDENTS: Respondents will be beneficiaries at the pilot locations (Naval Medical Center Portsmouth, Naval Hospital Jacksonville, Eglin AFB Hospital, Martin Army Community Hospital, and Wright-Patterson Medical Center) that have had a virtual health encounter using the new platform.

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Dr. Rebecca Rough, Director's Innovation Group, Defense Health Agency

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
MHS Beneficiaries	500	5 min	41.6 hours
Totals	500	5 minutes	41.6 hours

PUBLIC COST: The estimated annual cost to the public is \$927.50, based off the median hourly wage for all occupations.

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?

Respondents who use the new virtual health platform will be prompted to provide feedback on their device after their virtual encounter. All willing participants will be able to provide feedback.

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.