Request for Approval under the "Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" (OMB 0704-0553)

TITLE OF INFORMATION COLLECTION: Military Health System Electronic Health Record End User Survey

PURPOSE:

The anonymous survey will be used to collect feedback from Electronic Health Record (EHR) end users on their thoughts and experiences using the Military Health System (MHS).

This is a minor revision to a currently approved survey. We are removing two questions about hours worked and work fulfillment. They are being replaced with (1) an open-ended response asking respondents what they would have fixed if they could and (2) four additional Agree-Disagree Likert scale questions (questions 20 and 21).

DESCRIPTION OF RESPONDENTS:

Government, military personnel and contractors assigned to a Military Treatment Facility (MTF).

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	[X]	Other: <u>User experience questionnaire</u>

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: CDR Elizabeth Cohen

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 Respondents	Participation Time	Burden
Individuals or Households	1,450	10 minutes	242 hours
Totals	1,450		242 hours

PUBLIC COST: The estimated annual cost to the public is: \$7,608.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

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?

A URL to the customer comment card will be provided to the Defense Health Agency's (DHA) Office of the Chief Health Informatics Officer (OCHIO). The DHA OCHIO will be asked to distribute the URL, as they deem appropriate, to military, civilian, and contractor personnel within the MHS that utilize the legacy EHR.

ADMINISTRATION OF THE INSTRUMENT

1.	How will you collect the information? (Check all that apply)	
	[X] Web-based or other forms of Social Media (Connect.gov Survey)	
	[] Telephone	
	[] In-person	
	[] Mail	
	Other, Explain	

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