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

TITLE OF INFORMATION COLLECTION: Pharmacy Patient Satisfaction Survey

PURPOSE: To collect pharmacy satisfaction information from pharmacy beneficiaries in order to improve military treatment facility (MTF) pharmacy operations including recapturing pharmacy beneficiaries that have chosen to fill their prescriptions off post, increase patient satisfaction, and prevent future leakage of prescriptions to the purchased care network.

DESCRIPTION OF RESPONDENTS: Pharmacy beneficiaries at the National Capital Region (NCR) MTF Pharmacies and Brooke Army Medical Center (BAMC) pharmacy, and pharmacy beneficiaries that chose to fill their prescriptions off post instead of the MTF Pharmacy.

THE OF COLLECTION. (Check one)		
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] Customer Satisfaction Survey[] Small Discussion Group[] Other:	

CERTIFICATION:

I certify the following to be true:

TVDE OF COLLECTION: (Check one)

- 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 not 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.

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

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
Beneficiaries (phone survey)	25	5 minutes	2.1 hr
Beneficiaries (in-person survey)	75	10 minutes	12.5 hr
Totals	100		14.6 hr

PUBLIC COST: The estimated annual cost to the public is \$459.

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 define	es the universe of	potentia
	respondents and do you have a sampling plan for selecting f	from this universe	;?
		[X] Ves	[1] 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?

- 1) For our phone survey: We have a list of all the patients that have chosen to fill their prescriptions off post. We plan to call the patients on this list. From our sample of 100 beneficiaries, we plan to call 25 beneficiaries.
- 2) For our in-person survey: We do not have a customer list of potential respondents for our inperson survey. We plan on walking into the pharmacy lobby at Andrews and BAMC and conducting the satisfaction survey of patients who are waiting for prescriptions. From our sample of 100 beneficiaries, we plan to survey 75 beneficiaries in-person.

Administration of the Instrument

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