

**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: Hill Air Force Base (AFB) Pharmacy
Satisfaction Survey

PURPOSE: Military Health System (MHS) pharmacies in direct care (those at military treatment facilities [MTFs]) saw a dramatic decline in prescription volume at the outset of the COVID-19 pandemic with a corresponding increase in volume of prescriptions filled at civilian retail pharmacies. This collection has been designed to ascertain why patients elected to leave the MTF pharmacy for retail pharmacies and why they continue to fill their prescriptions at retail instead of at the MTF. This survey is specifically for Hill Air Force Base (AFB) pharmacy at the 75 Medical Group (MDG). The Hill AFB Pharmacy Satisfaction Survey focuses on garnering insights into pharmacy customer perceptions, experiences, and expectations with the Hill AFB pharmacy services, particularly in the context of reasons for choosing a pharmacy, and overall satisfaction.

DESCRIPTION OF RESPONDENTS: The survey respondents will be TRICARE beneficiaries (i.e., adult patients) at the Hill AFB Pharmacy who have had pharmacy services. The survey is being conducted at only one MTF.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form
☐ Usability Testing (e.g., Website or Software)
☐ Focus Group

☒ Customer Satisfaction Survey
☐ Small Discussion 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: Maj James Holt, Pharmacy Flight Commander, 75th Medical Group

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
Individuals or Households	200	10 minutes	33.3 hours
Totals	200	10 minutes	33.3 hours

PUBLIC COST: The estimated annual cost to the public is \$992.

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?

[X] Yes [] No

TRICARE beneficiaries who have received pharmacy services from the 75 MDG at Hill Air Force Base can opt-in to receive texts from the pharmacy. These individuals will be sent a link to complete the short survey.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? ☐ Yes ☒ No