Measure & Instrument Development and Support (MIDS) Contractor:
Impact Assessment of CMS Quality and Efficiency Measures

Supporting Statement A: OMB/PRA Submission Material for Hospital National Provider Survey

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SUPPORTING STATEMENT
FOR THE HOSPITAL NATIONAL PROVIDER SURVEY

A. Background

The 2018 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality and Efficiency Measures Report (2018 Impact Report) is mandated by the Patient Protection and Affordable Care Act (ACA), section 3014(b) as amended by section 10304, which states that not later than March 1, 2012, and at least once every three years thereafter, the Secretary of Health and Human Services (HHS) shall conduct an assessment of the quality and efficiency impact of the use of endorsed measures described in section 1890(b)(7)(B) of the Social Security Act and make such assessment available to the public. CMS intends to release a comprehensive report once every three years. The results from this Hospital National Provider Survey will contribute to the development of the third triennial Impact Report, scheduled for release in 2018.

The project team will conduct two modes of data collection with hospital quality leaders: (1) a semi-structured qualitative interview and (2) a standardized survey. The data from the qualitative interviews and standardized surveys will be analyzed to provide CMS with information on the quality and efficiency impact of measures that CMS uses to assess care in the hospital inpatient and outpatient settings. Specifically, the surveys seek to understand whether the use of performance measures has led to changes in provider behavior (both at the hospital-level and at the frontline of care), and whether undesired effects are occurring as a result of implementing quality and efficiency measures. The survey will also help CMS identify characteristics associated with high performance, which if understood, could be used to leverage improvements in care among lower performing hospitals. The focus of the surveys is to assess the impacts of the measures that CMS uses in the context of public reporting (pay-for-reporting) and value-based purchasing programs.

The project team will also conduct two modes of data collection with nursing home quality leaders: (1) a semi-structured qualitative interview and (2) a standardized survey. While the Nursing Home National Provider Survey OMB/PRA submission is related to the information contained within the Hospital National Provider Survey OMB/PRA submission, it will be submitted as an independent package to allow CMS the flexibility of fielding the surveys separately in the future.

B. Justification

B1. Need and Legal Basis

Section 3014 of the Patient Protection and Affordable Care Act (ACA) requires that the Secretary of the Department of Health and Human Services (HHS) conduct an assessment of the quality and efficiency impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs.[1] The ACA further specifies that the initial assessment must occur no later than March 1, 2012, and once every 3 years thereafter. This planned data

[1] The Patient Protection and Affordable Care Act - Pub. L. 111-148, 124 STAT. 1023, US Congress (2010).

collection activity was developed and tested as part of the 2015 Impact Report and data collection will be conducted for reporting in the 2018 Impact Report.

B2. Information Users

Since 1999, CMS has implemented multiple programs and initiatives to require the collection, monitoring, and public reporting of quality and efficiency measures—in the form of clinical, patient experience, and efficiency/resource use measures—to promote improvement in the quality of care delivered to Medicare beneficiaries, close the gap between guidelines for quality care and care delivery, and monitor national progress toward measurable healthcare quality goals outlined in the U.S. Department of Health and Human Services' National Quality Strategy.[2] In the hospital setting, CMS has implemented quality and efficiency measures through the Hospital Inpatient Quality Reporting Program (Hospital IQR Program), the Hospital Outpatient Quality Reporting Program (Hospital OQR Program), the Hospital Value-Based Purchasing Program (Hospital VBP Program), and non-payment for Hospital Acquired Condition Reduction Program (HAC Reduction Program), and the Hospital Readmissions Reduction Program (HRRP).

The implementation of quality and efficiency measures by CMS has led to positive gains in the use of evidence-based standards of care by providers. To ensure the nation continues to build on these gains, and to fulfill the requirements of Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA) for the assessment of the quality impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs, CMS has conducted two national impact assessments (first assessment reported in 2012 and the second to be reported in 2015) of the use and impact of quality and efficiency measures. The results from the proposed data collection will be publicly reported as part of the 2018 Impact Report and extends the prior impact assessment reports by providing CMS with quantitative and qualitative data directly from hospitals specific to the use of hospital quality and efficiency measures, which will be used by CMS to improve its measurement programs so that they achieve the goals identified in the National Quality Strategy.

B3. Use of Information Technology

The semi-structured interview is not conducive to computerized interviewing or collection. The standardized survey of hospital quality leaders will include use of information technology. The initial or primary mode will be a web-based survey, where 100percent of hospitals in the sample will be asked to respond electronically. Invitations to the web survey will be sent via email with a United States Postal Service (USPS) letter as back-up should an email address not be available. The email will include an imbedded link to the web survey and a Personal Identification Number (PIN) code unique to each hospital. In addition to promoting electronic submission of survey responses the web-based survey will:

- Allow respondents to print a copy of the survey for review and to assist response,
- Automatically implement any skip logic so that questions dependent on response to a gate or screening questions will only appear as appropriate,

[2] U.S.Department of Health and Human Services. Report to Congress: National Strategy for Quality Improvement in Health Care. 2011.

- Allow respondents to begin the survey, enter responses and later complete remaining items, and
- Allow sections of the survey to be completed by other individuals as the discretion of the sampled hospital quality leader.

Hospital quality leaders who do not respond to emailed and mailed invitations will receive a mailed version of the survey. The mail version will be formatted for scanning.

B4. Duplication of Efforts

The components of this data collection effort are designed to gather the data necessary to CMS needs for assessing the impact of quality and efficiency measures in hospital setting. No similar data collection is currently in use. The proposed information collection does not duplicate any other effort and the information cannot be obtained from any other source.

B5. Small Businesses

Survey respondents represent hospitals participating in the CMS Hospital IQR Program, Hospital OQR Program, Hospital VBP Program, HAC Reduction Program, and HRRP programs, which does not include any small businesses.

B6. Less Frequent Data Collection

This is a one-time data collection conducted in support of the CMS 2018 Impact Report.

B7. Special Circumstances

There are no special circumstances associated with this information collection request.

B8. Federal Register/Outside Consultation

The 60-day *Federal Register* notice published on [OSORA/PRA will insert date]. CMS received [NUMBER] comments in response to this notice. A copy of those comments and CMS response to each comment can be found in Exhibit X.

Additionally, the data collection approach and components were presented to the Federal Advisory Steering Committee (FASC) and other federal agency staff for review and comment.

B9. Payments/Gifts to Respondents

This data collection includes a $40 post-paid incentive for completion of the standardized survey. Pre-testing of the survey indicated that an incentive is necessary to distinguish this survey request from other competing information requests received by hospital leaders. Historically, response rates to surveys of all populations have been falling, and surveys of executives or individuals leadership responsibilities and surveys of organizations are not immune to this trend (Cycota and Harrison, 2006; Baruch and Holtam, 2008). There is a long history supporting the

use and effectiveness of incentives in surveys to promote response, and the incentive is one of several tools the standardized survey will employ to help combat the secular trend of falling response rates.

B10. Confidentiality

All persons who participate in this data collection, either through the semi-structured interviews or standardized survey, will be assured that the information they provide will be kept private to the fullest extent allowed by law. Informed consent from participants will be obtained to ensure that they understand the nature of the research being conducted and their rights as survey respondents. Respondents who have questions about the consent statement or other aspects of the study will be instructed to call the RAND principal investigator or RAND's Survey Research Group (SRG) survey director, and/or the administrator of RAND's Institutional Review Board (IRB).

The semi-structured interview includes an informed consent and confidentiality script that will be read prior to the start of any interview. This script is found in the data collection materials contained in Attachment A4: Interview Topic Guide for Semi Structured Interview.

The hospital quality leaders who participate in the standardized survey will receive informed consent and confidentiality information via the invitation emails and letters to the web and mail survey found in Attachments B1 and B2.

The study will have a Data Safeguarding Plan to further ensure the privacy of the information that is collected. For the online survey and semi-structured interviews, RAND will assign a data identifier (ID) to each respondent. For the semi-structured interviews, contact information that could be used to link individuals with their responses will be removed from all interview instruments, and notes. All interview notes and recordings stored under lock and key within the offices of the staff conducting the interviews. Recordings will be destroyed once notes are reviewed and finalized. The data from the semi-structured interviews will not contain any direct identifiers and will be stored on encrypted media under the control of the interview task lead. Files containing contact information used to conduct semi-structured interviews data collection may also be stored on staff computers or in staff offices following procedures reviewed and approved by RAND's Institutional Review Board.

The standardized survey will be collected via an experienced vendor. All electronic files directly related to the administration of the survey will be stored on a restricted drive of the vendor's secure local area network. Access to data is limited to those employees identified by the vendor's Chief Security Officer as working on the specific project. Additionally, files containing survey response data and information revealing sample members' individual identities are not stored together on the network. No single file contains both a member's response data and his or her contact information.

RAND staff and RAND's data collection vendor will destroy participant contact information once all semi-structured and standardized survey data are collected and the associated data files are reviewed and finalized by the project team.

B11. Sensitive Questions

The survey does not include any questions of a sensitive nature.

B12. Burden Estimates

Table 1 shows the estimated annualized burden and cost for the respondents' time to participate in this data collection. These burden estimates are based on tests of data collection conducted on nine or fewer entities. As indicated below, the annual total burden hours are estimated to be 639 hours. The annual total cost associated with the annual total burden hours is estimated to be $31,994.

Table 1: Estimated Annualized Burden Hours and Cost

Collection Task	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Hospital National Provider Survey Semi-structured Interview	40	1	1	40	$49.96	$1,998
Hospital National Provider Survey Standardized Survey	900	1	.666	599	$49.96	$29,946
Totals				639		$31,994

*Based upon mean hourly wages for General and Operations Managers, "National Compensation Survey: All United States December 2009 – January 2011," U.S. Department of Labor, Bureau of Labor Statistics.

B13. Capital Cost

There are no capital costs.

B14. Cost to Federal Government

The cost for sampling, data collection, analysis, and reporting of data for the hospital quality leader data collection is $1,002,653.

Hospital National Provider Survey cost breakdown:

- RAND's Survey Research Group scheduling of semi-structured interviews: $9,495
- RAND's oversight of hospital survey vendor: $1,732
- Hospital Survey vendor costs: $131,717.66
  - Incentives ($37,710)
  - Equipment/supplies ($18,802)
  - Printing ($3,760)
  - Support staff ($29,142)

- Overhead ($42,303)
- RAND staff time to layout survey for printing, prepare sample file, conduct qualitative interviews, manage the qualitative and quantitative survey data collection, data coding and cleaning, analysis, report production, and revisions: $833,979
- CMS staff oversight: $25,730

B15. Changes to Burden

This is a new information collection request.
quality and efficiency measures

B16. Publication/Tabulation Dates

For planning purposes we anticipate data collection will begin no later than January 2016 and conclude in June 2016. Analyses of these data will occur during July through December 2016 to contribute to the draft summary report delivered to CMS in March 2017. The final report will be delivered to CMS no later than April 2017.

Table 2: Timeline of Survey Tasks and Publication Dates

Activity	Proposed Timing of Activity
Prepare field materials	October 2015–December 2015
Identify target respondent	October 2015–December 2015
Field surveys and conduct qualitative interviews	January 2016–August 2016
Analyze data	September 2016–December 2017
Draft chapter for 2018 Impact Report summarizing findings	January 2017-March 2017
Integration of Findings into 2018 Impact Report	April 2017-June 2017
Submit Final Version of Impact Report to CMS	July 1, 2017
CMS QMHAG Internal Review	July - August 2017
Document Submitted to SWIFT Clearance	August 30, 2017
Publish 2018 Impact Report	March 1, 2018
Prepare additional products to disseminate findings	December 2017–June 2018

In addition to summarizing the findings for the 2018 National Impact Report, RAND will work with CMS to develop timelines for developing other products for broad dissemination of the results that may include peer-reviewed publications. Such publications will increase the impact of this work by exposing the results to a broader audience of hospital administrators and policymakers. The publication of the 2018 Impact Report will result in additional dissemination products such as press releases, open door calls, and other events.

B17. Expiration Date

CMS would like to display the expiration date for OMB approval of this information collection on the document that details the topics addressed in the semi-structured interview and on the standardized survey (introductory screen of web version, front cover of mailed version).

References

Cycota, C.S. & Harrison, D.A. (2006). What (Not) to Expect When Surveying Executives: A Meta-Analysis of Top Manager Response Rates and Techniques Over Time. *Organizational Research Methods, 9,* 133-160.

Baruch, Y. & Holton, B.C. (2008). Survey Response Rate Levels and Trends in Organizational Research. *Human Relations, 61,* 1139-1160-160.