

SUPPORTING STATEMENT OMB.REQUEST FOR CLEARANCE  
Assessing Degrees of Health Care Involvement SURVEY

Table of Contents

Introduction	2
A Justification	2
A.1 Circumstances that make information collection necessary	2
A.2 Purposes and use of information	3
A.3 Use of improved information technology	3
A.4 Efforts to identify duplication	3
A.5 Effects on small businesses	3
A.6 Consequences of not collecting information	3
A.7 Any special circumstances in data collection	3
A.8 Consultation with parties outside of CMS	4
A.9 Payment or gift to respondents	4
A.10 Confidentiality provision	4
A.11 Inclusion of sensitive questions	4
A.12 Estimate of respondent burden	4
A.13 Estimate of cost to respondents	4
A.14 Estimate of cost to Federal government	4
A.15 Changes in Annual Burden	5
A.16 Time schedule, tabulation and publication plans	5
A.17 Expiration Date	5
A.18 Certification	5
B. Collection of Information Employing Statistical Methods	5
B.1 Respondent universe and sample	5
B.2 Information collection procedures	6
B.3 Methods to maximize response rates	6
B.4 Tests of procedures or methods	6
B.5 Statistical and questionnaire design consultants	6
Attachment 1 Prenotification Letter and Thank You/Reminder Post Card	7



## INTRODUCTION

This is a request for clearance of a new survey of Medicare beneficiaries to determine if beneficiaries have the skills, ability and motivation to be an active effective partner in their own care and can make their own health care decisions. The Assessing Degrees of Health Care Involvement (ADHCI) includes questions from the Medicare Current Beneficiary Survey (MCBS) supplements, the Medicare CAHPS survey and Judith H. Hibbard's Patient Activation Measure (PAM) survey as well as new items focusing on newly eligible beneficiaries' awareness of the choices they need to make upon eligibility and knowledge of their basic Medicare benefits and rights. (the survey is reproduced in Attachment 2).

### A. JUSTIFICATION

#### A.1 Circumstances that make information collection necessary

To assess the extent to which people with Medicare actively participate in their own health and health care decisions. It is important to know if people with Medicare have the skills and abilities to be partners in their own care since they are increasingly being called upon to share responsibility for their own health. Medicare predominantly serves the 65 and older population. Older patients have more limited ability to communicate effectively with their health care providers (Adams, W L, et al, 2002)<sup>1</sup> and are less willing to challenge the doctor's expertise and authority. For example, it has been demonstrated that elderly patients exhibited fewer of the conversational behaviors linked to better health outcomes (McCormick et al, 1996)

For example, patients usually do not and are not expected to take an active role in medical decision making during a typical office visit and this extends to asking questions. In fact, the average patient asks only two questions during an entire medical visit lasting an average of 15 minutes (Teutsch, 2003). Passive patients remain the norm. Studies show that patients are relatively uninformed about their condition or the most appropriate treatment despite the fact that most patients state they want more information (Blendon et al 2001, Schoen et al 2002). It is important to help people with Medicare develop better communication skills and use communication tools, such as checklists, to report health information to physicians and other health care providers (Safran et al, 2004)<sup>2</sup>.

#### A.2 Purposes and use of information

The objective of this research is to assess the degree to which people with Medicare actively participate in their own health and health care decisions and secondly to identify the various segments of 'self-directed patient activation' necessary to be able to tailor outreach messages to

---

<sup>1</sup> Adams, W L, et al, 2002 Primary care for elderly people: Why do doctors find it so hard? *The Gerontologist* Washington :Dec 2002. Vol. 42, Iss. 6, p. 835-842

<sup>2</sup> DG. Safran et al., "Measuring Patients' Experiences with Individual Physicians," *Journal of General Internal Medicine* 19 Supp. (2004): 177.

appropriate segments of the Medicare population (Kreuter, M.W., Wray, R.J., 2003)<sup>3</sup>. Simply providing uniform information to an undifferentiated audience is no longer sufficient (Hibbard, J, 2004)<sup>4</sup>. CMS needs to know the degree to which people with Medicare have the communications skills, motivation and basic knowledge of their own health status to be a partner in their health care<sup>5</sup>.

Additionally, CMS researchers have developed a new tool which helps determine the degree of activation or involvement in one's own care. This survey will help to determine the validity of this new tool which is a series of two screening questions. Currently, the gold standard of measuring patient activation involves administering a series of 13 PAM questions (Hibbard, JH 2004). By administering the new CMS tool along with the PAM, the psychometric properties of this new tool can be determined. If the tool can be proven valid, it can be used in many ways to help improve CMS's communication campaigns and educational materials.

#### A.3 Use of improved information technology

The survey will be conducted through the mail, with telephone follow-up of non-respondents. The mode of data collection has been selected to provide acceptable levels of response for reasonable cost, and have been well proven on other surveys of Medicare beneficiaries.

#### A.4 Efforts to identify duplication

As part of the overall market research and evaluation activities assessing beneficiaries' information needs, we have thoroughly reviewed existing research literature on information seeking behavior, decision making, and patient activation measures. There are a few studies with relevant information however, none of the studies includes sufficient breadth or depth of involving specifically Medicare beneficiaries to adequately support CMS activities.

#### A.5 Effects on small businesses

Information collected will only be individual Medicare beneficiaries. Thus, the survey will have no effect on small businesses.

#### A.6 Consequences of not collecting information

CMS will not have a valid tool thus limiting communication campaign's and outreach efforts. This would result in inefficient use of agency resources and less adequate customer service.

#### A.7 Any special circumstances in data collection

<sup>3</sup> Kreuter, M.W., Wray, R.J., 2003. Tailored and targeted health communications: Strategies for enhancing information relevance. *American Journal of Health Behavior*; 27, 3: S227-232.

<sup>4</sup> Hibbard, JH, 2004. Perspective: Moving Toward A More Patient-Centered Health Care Delivery System Health Affairs.

<sup>5</sup> Kreuter, M et al. "One size does not fit all: The case for tailoring print materials". *Annals of Behavioral Medicine*, 1999a, 21, 4; p 1-9.

No circumstances can be foreseen where a survey respondent would have to do more than check a response box on the survey itself.

A.8 Consultation with parties outside of CMS

Provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice if applicable.

A.9 Payment or gift to respondents

The survey will not offer payments or gifts to respondents.

A.10 Confidentiality provision

All potential survey respondents will receive an advance letter containing a reference to the Privacy Act. Individuals contacted on the telephone will be read the Privacy Act statement if they have not received or read the letter. Interviewer training will stress the importance of maintaining confidentiality and the provisions of the Privacy Act. CMS takes precautionary measures to minimize the risk of unauthorized access to the records (e.g., password protection for each interview and interviewer).

A.11 Inclusion of sensitive questions

The questions to be included have been previously used and are not considered sensitive.

A.12 Estimate of respondent burden

Based on very similar mail surveys, we estimate the time to complete the interview at 20 minutes. It is anticipated there will be 3,500 completed interviews over the course of one year, so the annual reporting burden is approximately 1,200 hours.

A.13 Estimate of cost to respondents

There is no cost to the respondents other than their time to participate.

A.14 Estimate of cost to Federal government

Costs to the Federal government include: contractor time for the mailing of the survey, development and testing of the CATI version of the survey, interviewer time to administer the telephone version of the survey. The total estimated cost for these activities is \$175,000. This includes all labor hours, materials and supplies, overhead, general and administrative costs, and fee.

A.15 Changes to Burden

Not applicable.

A.16 Time schedule, tabulation and publication plans

A 60-day Federal Regis notice was published on -October 27, 2006.

The schedule for information collection and dissemination of the data follows:

Data collection	01/07-04/07
Data processing, weighting	04/07
Draft Report	06/07
Final Report	06/07

Results from the analysis of these data will be presented in reports and briefings for senior CMS management involved in the development of CMS's communication strategy. In addition, results of the research will be disseminated to the research community through journal articles and conference presentations.

For collections of information whose results will be published, outline plans for tabulation, and publication.

Not applicable.

A. 17 Expiration Date

If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

Not applicable.

A. 18 Certification

Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

Not applicable.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 Respondent universe and sample

There are approximately 42 million Medicare. From this universe, we will select sample large enough to yield 3,500 completed survey from an estimated sample of 4,000. The 3,500 completed surveys in calendar 2007 will allow estimates of proportions with a 95 percent confidence interval half-width less than 2 percentage points.

The response rate for similar surveys of the Medicare population,. Such as the Medicare CAHPS survey, conducted by contractors has ranged from 75 to 80 percent. We anticipate a comparable response rate for the new survey.

## B.2 Information collection procedures

The sample for the Patient Activation Survey will be drawn from MBD files. The list of beneficiaries will be sorted by Zip code and by gender within Zip code. A systematic sample (random start and a sampling interval equal to the universe size divided by the desired sample size) will then be drawn. The sample draw will be sufficient to yield the required number of interviews for the month assuming a 75 percent response rate.

The data collection contractor will mail a pre-notification letter (Attachment 1) informing sampled individuals of the survey, its voluntary nature, the legislative authority under which the survey is conducted, and Privacy Act provisions. A second mailing will include the survey questionnaire (Attachment 2). Two weeks after the initial questionnaire mailing all sampled persons will be sent a thank you/reminder post card (Attachment 1). Two weeks later, a second questionnaire will be mailed to all sampled individuals who have not yet returned a completed form. After another three weeks, interviewers will attempt to complete the survey over the telephone with continued nonrespondents. Those without telephone numbers will be sent a third questionnaire by overnight delivery.

For purposes of estimation, cross-sectional weights will be developed that reflect differential nonresponse by age, gender, and geographic region. Standard errors can be produced using software packages such as WesVarPC or SUDAAN.

## B.3 Methods to maximize response rates

The methods described above have been shown to yield response rates of 75 to 80 percent with the Medicare population when the survey is of reasonable length and on a salient, non-threatening topic. The following procedures will also encourage response:

- ◆ Interviewer training will emphasize the difficulties in communicating with the older population and ways to overcome these difficulties.
- ◆ A toll-free number will be available at Abt, the contractor who will be responsible for the fielding of this survey, to answer respondents' questions.
- ◆ Interviewers and operators answering the toll-free number will be given answers to frequently asked questions and instructions on how to address respondents' concerns.

B.4 Tests of procedures or methods

Some of the questions are taken from previous surveys of the Medicare population, including the Medicare Current Beneficiary Survey, CAHPS and ADHCI. New questions have been tested using cognitive methods with small samples of new beneficiaries. The data collection procedures have been well-tested on several surveys of Medicare beneficiaries.

B.5 Statistical and questionnaire design consultants:

The contractor responsible for this survey administration is Abt Associates, a national research firm, and the responsible individuals for this survey will be:

David Newman, Ph.D, JD  
Senior Associate  
Abt Associates Inc.  
Suite 800 North  
4550 Montgomery Avenue  
Bethesda, MD 20814  
301-634-1749

Andrea Hassol  
Survey Director  
Abt Associates Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

The project officer who will receive the deliverables from the supplement is:

Amy Heller  
Center for Beneficiary Choice  
CMS  
(410) 786-9234



## ATTACHMENT 1

### PRENOTIFICATION LETTER

Dear Medicare Beneficiary:

In a few days, you will receive a questionnaire in the mail called the Patient Activation Survey. When it arrives, we would greatly appreciate it if you would take the time, about 15-20 minutes, to fill out this questionnaire.

As a Medicare beneficiary, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about your experiences.

The questionnaire will be for a survey that CMS is conducting of people with Medicare to learn more about your participation in your health and health care decisions . This survey is called the “Patient Activation Survey.” Your name was selected at random by CMS from all Medicare beneficiaries. The accuracy of the results depends on getting answers from you and other Medicare beneficiaries selected for this survey. This is your opportunity to help us serve you better.

All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will have no effect on your Medicare benefits.**

We hope that you will take the opportunity to answer the questionnaire and help us to ensure that you get the highest quality care. Your knowledge and experiences could help other Medicare beneficiaries to make more informed health choices.

Abt is a survey research organization working with us to carry out this survey. If you have any questions about the survey, please feel free to call XXX of Abt at 1-800-XXX-XXX.

Thank you for your help with this important survey.

Sincerely,

THANK YOU/REMINDER POST CARD

We recently mailed you a **Patient Activation+ Survey**. Thank you for completing and returning your survey.

If you have not completed the survey, please complete it as soon as possible. Your response is very important to us, and the survey will only take about 20 minutes to complete.

If you have any questions or need help, please call XXXXXX at (toll-free number).

## ATTACHMENT 2

