

SUPPORTING STATEMENT

Part A

**CAHPS Pretest of Proposed Health Literacy Questions and
Methodology
0935-0124**

October 2007

Agency of Healthcare Research and Quality (AHRQ)

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Attachments:

Attachment A: AHRQ's Authorizing Legislation

Attachment B: Data collection instrument (English and Spanish versions)

Attachment C: Cover Letter, Reminder Post Card, Reminder Letter and Telephone Introductory Script (English and Spanish versions)

A. Justification

1. Circumstances that Make the Collection of Information Necessary

The Healthcare Research and Quality Act of 1999 (see Attachment A) states that the mission of the Agency for Healthcare Research and Quality (AHRQ) is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multi-year initiative of the Agency for Healthcare Research and Quality. AHRQ first launched the program in October 1995 in response to concerns about the lack of good information about the quality of health plans from the enrollees' perspective. Numerous public and private organizations collected information on enrollee and patient satisfaction, but the surveys varied from sponsor to sponsor and often changed from year to year. The CAHPS® program was designed to:

- Make it possible to compare survey results across sponsors and over time; and
- Generate tools and resources that sponsors can use to produce understandable and usable comparative information for consumers.

Over time, the program has expanded beyond its original focus on health plans to address a range of health care services and meet the various needs of health care consumers, purchasers, health plans, providers, and policymakers. Based on the literature review and an assessment of currently available questionnaires, AHRQ identified the need to develop a new health literacy module of the CAHPS® survey. The intent of the planned module

is to examine in greater detail than previously patients' perspective on how well health information is communicated to them by healthcare professionals. The intent of the new module is to provide information to health plans, hospitals, clinicians, group practices, and other interested parties regarding quality of health information delivered to patients. The set of questions about health literacy will be tested as a part of CAHPS® Clinician & Group Survey, Adult Primary Care Questionnaire.

2. Purpose and Use of Information

This study is a one-time pilot field test to be completed in the calendar years 2007 and 2008. The field test to be conducted under this request will be done for the following purposes:

- a. Analysis of revised item wording – Assess candidate new wordings for selected items
- b. Mode Analysis— Evaluate the equivalence of items administered by mail and by telephone and compare the characteristics of respondents who complete the survey by mail to respondents who complete the survey via telephone.
- c. Case mix adjustment analysis – Evaluate variables that need to be considered for case mix adjustment of scores.
- d. Psychometric Analysis—Provide information for the revision and shortening of questionnaires based on the assessment of the reliability and validity of survey items and composites.

The end result will be collection of the data related to the assessment of patients' perspective on how well health information is communicated to them by health care professionals. The field testing will ensure that the future data collection yield high quality data and ensure a minimization of respondent burden, increase agency efficiency, and improve responsiveness to the public. The survey items will be added to currently available CAHPS® surveys and will provide a venue to clinicians and practitioners to verify the quality of their services.

3. Use of Improved Information Technology

Testing will be done in mail and telephone survey modes which are currently used in other CAHPS® surveys.

4. Efforts to Identify Duplication

Work carried out under this clearance will be designed to reflect specific customer population needs for which the work is being conducted and will not duplicate any other

survey/questionnaire design or pretest work being done by AHRQ or other Federal agencies. During the development of these voluntary instruments, groups within and outside of AHRQ will be consulted. Plans to conduct surveys will be reviewed prior to implementation, and any potential duplication will be identified in the review and approval process.

5. Involvement of Small Entities

Survey respondents are consumer of health care services offered by clinicians and practitioners.

The survey instruments and procedures for completing the instruments will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

After completion of the pilot field test, AHRQ expects to reduce the burden on potential respondents through revision and shortening of the instrument based upon the psychometric characteristics of the data.

6. Consequences if Information Collected Less Frequently

This is a one-time pilot field test data collection.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

This pilot field test is designed to assess a draft survey instrument, not to generalize the results to a population. The data will be used only to assess the quality of the items in the instrument. It will not be used to describe or regulate agencies or to set policy.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

This proposed information collection is being submitted under AHRQ's generic clearance (OMB No. 0935-0124). Therefore, publication in the Federal Register is not required.

9. Payments/Gifts to Respondents

No payments or gifts will be given to respondents.

10. Assurance of Confidentiality

Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

Individuals and organizations contacted will be further assured of the confidentiality of their replies under 42 U.S.C. 1306, and 20 CFR 401 and 4225 U.S.C.552a (Privacy Act of 1974), and OMB Circular No.A-130. In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature on this survey.

12. Estimates of Annualized Burden Hours and Costs

The estimated annual hour burden is as follows:

The length of the survey estimate of .33 hours (20 minutes) is based on the written length of the survey and AHRQ's experience with previous CAHPS[®] surveys of comparable length that were fielded with a similar, although not identical, population.

The Bureau of Labor Statistics reported the average hourly wage for civilian workers in the United States was \$19.29 in June 2006. An estimate of \$20 per hour allows for inflation and represents a conservative estimate of the wages of the respondents.

Exhibit 1. Estimated annualized burden hours

| Form Name | Number of Respondents | Number of responses per respondent | Hours per response | Total Burden hours |
|---|-----------------------|------------------------------------|--------------------|--------------------|
| Mail survey with reminder card, mail and phone follow-up (Initial Mailing, Reminder Card and Follow up Mailing) | 352 | 1 | .33 | 116.16 |
| Total | 352 | 1 | .33 | 116.16 |

Exhibit 2. Estimated annualized cost burden

| Form Name | Number of Respondents | Total Burden hours | Average Hourly Wage Rate* | Total Cost Burden |
|--|-----------------------|--------------------|---------------------------|-------------------|
| Mail survey (Initial Mailing, Reminder Card and Follow up Mailing) | 352 | 116.16 | \$20.00 | \$2,323.2 |
| Total | 352 | 116.16 | \$20.00 | \$2,323.2 |

*Based upon the average wages, "National Compensation Survey: Occupational Wages in the United States, June 2006," U.S. Department of Labor, Bureau of Labor Statistics. (<http://www.bls.gov/ncs/home.htm> Last viewed August 27, 2007.)

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

The total cost for the contracted service will be \$40,000 and the cost for AHRQ staff to oversee the project is \$4,000, including benefits, for a total one-year project cost of \$44,000. The contracted service costs include approximately \$30,000 for survey development, \$5,500 for data collection and \$4,500 for analysis of field test results.

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

There are no plans for publication of the results of this pilot field test. The purposes of this survey effort are to revise and shorten the CAHPS[®] Health Literacy Survey, to assess

the effectiveness of a mail survey vs. telephone survey, and to assess case mix adjustment approaches, as necessary. The data will be used internally by the design team in order to achieve these goals.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.