

Survey of Primary Care Physicians' Practices Regarding Prostate Cancer Screening
(OMB no. 0920-0746, exp. date 7/31/2009)

Supplement to the OMB 83-C (Change Worksheet)
March 2008

Summary

We are requesting a *nonsubstantive* change to an ongoing data collection (approved in July 2007). The proposed change relates to the methodology for follow-up contact with respondents and is designed to improve survey response rate. The proposed change *will not* result in a change in approved burden estimate. In addition, we are updating the Annualized Cost to the Government. The update reflects (1) correction of two errors in the previously approved ICR, and (2) additional funding and resources devoted to the information collection.

Justification for Proposed Changes

In our original request we projected that a total of 3,000 physicians (1,200 African-American physicians and 1,800 physicians who were not African-American) would be sent a survey to assess primary care physicians' attitudes and practices regarding prostate cancer screening. Based on experience with previous clinician surveys, we made the following estimates of undeliverable, eligibility, and response rate (St. Lawrence, et al. 2002; Montañó, et al. 2003; Irwin, et al. 2006). We expected 120 (4%) of the sample mailing to be undeliverable. Of the 2,880 surveys delivered, 384 (13%) of the sample was expected to be ineligible, deceased, or moved. In these cases, packets would be returned with the reimbursement included. Responses indicating this status were expected to be made by the office manager. Of the remaining 2,496 physicians, we expected 80 percent to complete the survey. Of the 20 percent of non-respondents, some would return the packet and state that they did not wish to participate. Others would not return anything (including the reimbursement). Thus it was expected that 2,000 completed surveys would be returned. Of these, it was expected that 1,180 family practice/general practice physicians and 820 general internists would complete the instrument.

To date, we have mailed surveys to 2,500 physicians with results much different than what was expected. Of the 2,500 physicians, 165 (7%) were undeliverable and 444 (18%) were ineligible, leaving 1,891 to respond. We have received 995 completed surveys (52% response) rather than the 80% projected. Currently the study has received fewer than half of the desired 2,000 completed surveys and we are in danger of not being able to conduct the proposed stratified analyses.

We propose two modifications to the approved protocol to attempt to increase response among the remaining 500 surveys that remain to be mailed:

- 1) Increase incentive from \$40 to \$50
- 2) Substitute a follow-up phone call to the office assistant of non-respondents for the 4th survey mailing.

Explanation of Any Payment or Gift to Respondents

Obtaining high survey response rates is particularly difficult for busy professionals like physicians, and we have obtained a response rate of 52%. However, there is clear and consistent evidence that up-front monetary incentives significantly increase response rates in most surveys. We propose to increase the approved incentive amount of \$40 to \$50. Upon opening of the survey packet, this amount will have greater visual impact than before (\$50 vs \$20). In addition, studies have found that as the amount of incentive increases, response rates also increase (Kasprzyk, et al., 2001). A \$50 incentive is not likely to be ignored by a physician. Smaller amounts may be sufficient for a short survey, while a larger amount is necessary to obtain high response on longer surveys. Montañó, et al. (2003) provided \$50 incentives and obtained 81% response on a 43-page survey of physicians and non-physician clinicians of STD risk assessment and prevention practices. Second, this amount is near the optimal amount used by studies that have found positive associations between incentive amount and response rate.

Changes to Follow-up of Non-respondents

Our approved follow-up of physicians that did not return the survey consisted of sending reminder postcards and 3 additional surveys at 3 week intervals. In an effort to increase response, we propose to substitute mailing of the 4th survey (i.e., follow-up survey #3) with a phone call to the office assistant of the practice. The protocol and scripts for these follow-up calls are attached in the proposed new **Attachment 8**.

Effect of Proposed Changes on Currently Approved Instruments and Attachments

Title of IC:	Survey of Primary Care Physicians' Practices Regarding Prostate Cancer Screening
Changes to Instruments:	None
Changes to Attachments:	See Attachment 5, Survey Cover Letters <u>Discontinue</u> use of the "Primary Care Final Mailing Cover Letter" <u>Replace with</u> new Attachment 8, "Follow-up Phone Call Protocol"

Annualized Cost to the Government

The ICR approved in July 2007 was processed with the total, non-annualized contractor costs, consistent with a one-year clearance request (see Table A.14-1 in the ICR). Total, non-annualized cost for the CDC co-technical monitor was also provided in the original ICR. The information collection was, however, approved for a two-year period. In

column #3 of the table below, we have provided the correct, annualized figures relating to the original ICR.

With this Change request we also describe additional funding and resources devoted to the information collection (see column #4), and provide a summary of the revised annualized cost to the government (column #5).

Cost category	ICR approved July 2007 (total costs)	Corrected (annualized) figures for ICR approved July 2007	Additional funding and adjustments (annualized)	Revised annualized cost to the government
Contractor	\$301,457	\$150,729	\$62,500	\$213,229
CDC Technical monitor	\$ 16,000	\$16,000	\$5,000	\$21,000
CDC Co-Technical monitor	\$ 7,500	\$3,750	\$1,500	\$5,250
Total	\$324,957	\$170,479	\$69,000	\$239,479

Additional funding has been allocated to the study contractor, the Battelle Centers for Public Health Research and Evaluation (\$125,000 total, or \$62,500 annualized over 2 years), to complete the tasks associated with data collection and analysis. These tasks include conducting the survey, cleaning and analyzing data, and preparing a final report. A portion of the additional funding is required to support the change in follow-up methodology, since the proposed follow-up telephone calls will require more staff time than the original, paper-based follow-up plan. The increase in funding for the contractor also reflects distribution of project activities over a 2-year period instead of a 1-year period. The revised total contract cost for carrying out the project is \$426,457. The revised annualized contract cost is \$213,229.

The increase in cost for the CDC technical monitor is due to an increase in grade level (GS-14 instead of GS-13) for the employee in that role. The CDC technical monitor devotes 20% FTE to oversight responsibilities for this project, which include financial oversight, administrative support, and participation in data analysis and report preparation.

The increase in cost for the CDC co-technical monitor is also due to an adjustment in compensation for the employee in that role (5% FTE for a GS-14). The co-technical monitor contributes additional technical expertise and provides continuity in communications with the contractor, in the technical monitor's absence.

The revised annualized cost to the government is \$239,479.

References

Irwin K, Mantano DE, Kasprzyk D, Carlin L, Freeman C, Barnes R, Jain N, Christian J, et al (2006). Cervical cancer screening, abnormal cytology management, and counseling practices in the United States. *Obstetrics and Gynecology*, 108 :397-409

Kasprzyk, D., Montaña, D.E., St. Lawrence, J., & Phillips, W.R. (2001). The effects of variations in mode of delivery and monetary incentive on physicians' responses to a mailed survey assessing STD practice and patterns. *Evaluation and Health Professions*, 24(1):3-17.

Montaña, D.E., Kasprzyk, D., & Phillips, W.R. (2003). Primary Care Providers' Role in HIV/STD Prevention. Final Report to the National Institute of Mental Health. Grant No. 5 R01 MH52997-04

St. Lawrence, J.S., Montaña, D., Kasprzyk, D., Phillips, W.R., Armstrong, K.A., & Leichter, J. (2002). STD Screening, Testing, Case Reporting, and Clinical and Partner Notification Practices: A National Survey of US Physicians. *American Journal of Public Health*, 92(11):1784-1788.

Attachment 8

Follow-up phone call protocol

Calling Protocols for 4th Attempt

Call Number 1

Who Answers	What to Say
Physician's After hours Answering Service	Nothing
Receptionist	Follow SCRIPT 1
General Office Answering Machine	Leave message: Please ask Dr. [name] to mail back the CDC Prostate Cancer Screening Survey. He/she can call 1-866-649-7122 for further information.
Medical Assistant	Follow SCRIPT 2
Medical Assistant's Answering Machine	Follow SCRIPT 3

Call Number 2 – Make after 2 weeks IF you never spoke to the Medical Assistant the first time AND we still have no final disposition for the Physician

Who Answers	What to Say
Physician's After hours Answering Service	Nothing
Receptionist	Follow SCRIPT 1
General Office Answering Machine	Leave message: Please ask Dr. [name]'s Medical Assistant to call 1-866-649-7122 about a Prostate Cancer Screening Survey.
Medical Assistant	Follow SCRIPT 2
Medical Assistant's Answering Machine	Follow SCRIPT 4

SCRIPT 1

Hello, my name is [interviewer's name] calling from Battelle Memorial Institute on behalf of the CDC. Could I please speak with Dr. [name's] Medical Assistant, or someone who works closely with him/her?

IF ASKED: This is in reference to the CDC Prostate Cancer Screening Survey we mailed to Dr [name] several weeks ago.

If the Dr. no longer practices at this location, ask for the address and phone number of the new practice.

If the Dr. is no longer practicing, record the appropriate disposition on the facesheet.

SCRIPT 2

When speaking to Dr.'s assistant: Dr. [name] should have received one of our surveys for the first-ever national study on Prostate Cancer Screening conducted by the Centers for Disease Control and Prevention (CDC). Our records indicate that we have not yet had a response from Dr. [name]. The majority of physicians responded to the survey about their attitudes and practices related to prostate cancer screening. However, fewer physicians in Dr. [name]'s specialty have

responded than we expected. We are making this last appeal to Dr. [name] in order to have a statistically valid sample that reflects the diverse practice styles of physicians in the United States.

Please ask Dr. [name] to take the time to complete the survey and return it to us. Participation is voluntary and he/she does not have to answer every question. If you need another copy of the survey form, I will be happy to have one sent to you.

If the survey does not apply, please ask Dr. [name] to check the appropriate box on the postcard that was enclosed with the survey and drop the completed card in the mail.

If you or Dr. [name] have any questions about the study, please call 1-866-649-7122. If Dr. [name] has any concerns about his/her rights in this research study, contact the CDC Human Research Protection Office at 1-800-584-8814.

Thank you for giving us your time today.

SCRIPT 3

Answering Machine Message for Dr.'s assistant on call 1: My name is [interviewer's name] calling from Battelle Memorial Institute. Dr. [name] should have received one of our surveys for the first-ever national study on Prostate Cancer Screening conducted by the Centers for Disease Control and Prevention (CDC). Our records indicate that we have not yet had a response from Dr. [name]. We are making this last appeal to Dr. [name] in order to have a statistically valid sample that reflects the diverse practice styles of physicians in the United States. Please ask Dr. [name] to take the time to complete the survey and return it to us. Participation is voluntary and he/she does not have to answer every question. If the survey does not apply, please ask Dr. [name] to check the appropriate box on the postcard that was enclosed with the survey and drop the completed card in the mail. If you or Dr. [name] has any questions about the study or need another survey mailed to you, please call 1-866-649-7122. Thank you.

SCRIPT 4

Answering Machine Message for Dr.'s assistant on call 2: My name is [interviewer's name] calling from Battelle Memorial Institute. We left you a message a couple of weeks ago concerning a survey that Dr. [name] should have received for the first-ever national study on Prostate Cancer Screening conducted by the Centers for Disease Control and Prevention (CDC). Our records indicate that we have still not had a response from Dr. [name]. Please call 1-866-649-7122 so that we can determine if Dr. [name] is eligible for our study. Thank you.