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**MATHEMATICA**  
Policy Research, Inc.

**Evaluation of the  
Medicare Care  
Management  
Performance (MCMP)  
Demonstration:  
Supporting Statement for  
Paperwork Reduction Act  
Submission**

*Final*

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*Julita Milliner-Waddell  
Eric Grau  
Jillian Stein  
Lorenzo Moreno*

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U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Research, Development, and Information  
C3-23-04 Central Bldg.  
7500 Security Blvd.  
Baltimore, MD 21244-1850

Submitted by:

Mathematica Policy Research, Inc.  
P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone: (609) 799-3535  
Facsimile: (609) 799-0005

Project Officer:

Lorraine Johnson

Project Director:

Lorenzo Moreno



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## **A. BACKGROUND**

Mathematica Policy Research, Inc. (MPR) is conducting an independent evaluation of the Medicare Care Management Performance (MCMP) Demonstration on behalf of the Centers for Medicare & Medicaid Services (CMS). The demonstration, which began operations on July 1, 2007, will run for three years, ending June 2010.

### **1. Rationale for the Demonstration**

Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires the Secretary of the U.S. Department of Health and Human Services to establish a pay-for-performance demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. The goals of the three-year demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of HIT. The specific objectives are to promote continuity of care, help stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes. CMS is responsible for designing and operating the MCMP demonstration.

Under the demonstration, physician practices that meet or exceed performance standards established by CMS in clinical performance process and outcome measures will receive a bonus payment for managing the care of eligible Medicare beneficiaries. Practices that submit performance data electronically using a certified electronic medical record (EMR) system to CMS will also be eligible for an increase in the incentive payment. The bonuses will be in addition to the normal fee-for-service Medicare payment they receive for services delivered. In a predemonstration (baseline) year, the demonstration will be a pay-for-reporting initiative to help



physicians become familiar with the process of reporting quality measures. The demonstration builds on models used in the private sector, most notably Bridges to Excellence™ (Bodenheimer et al. 2005; de Brantes 2005; Iglehart 2005).

## **2. Demonstration Design**

The MCMP demonstration will target practices serving at least 50 traditional fee-for-service Medicare beneficiaries with selected chronic conditions for whom they provide primary care. Under this demonstration, physicians practicing primary care<sup>1</sup> in solo or small- to medium-sized group practices (practices with 10 or fewer physicians, although there may be exceptions) will be eligible to earn incentive payments for (1) reporting quality measures for congestive heart failure (CHF), coronary artery disease (CAD), diabetes, and the provision of preventive health services during a baseline (predemonstration) period; (2) achieving specified standards on clinical performance measures during the three-year demonstration period; and (3) submitting clinical quality measures to CMS electronically using an EMR system that meets industry standards specified by the Certification Commission for Healthcare Information Technology (CCHIT).

The legislation authorizes up to four demonstration sites to include both urban and rural areas.<sup>2</sup> The states of Arkansas, California, Massachusetts, and Utah were chosen as the four sites. The Quality Improvement Organizations (QIOs) in these four states recruited demonstration practices on relationships built through CMS's Doctor's Office Quality—

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<sup>1</sup> The following physician specialties will be eligible to participate in the MCMP demonstration *if they provide primary care*: general practice, allergy/immunology, cardiology, family practice, gastroenterology, internal medicine, pulmonary disease, geriatric medicine, osteopathic medicine, nephrology, infectious disease, endocrinology, multispecialty clinic or group practice, hematology, hematology/oncology, preventive medicine, rheumatology, and medical oncology.

<sup>2</sup> In addition, the statute requires that one site be “in a state with a medical school with a Department of Geriatrics that manages rural outreach sites and is capable of managing patients with multiple chronic conditions, one of which is dementia.”

Information Technology (DOQ-IT) project. Demonstration practices represent many organizational structures, and serve at least 50 Medicare beneficiaries. Recruitment of demonstration practices began in January 2007.

Demonstration practices were defined by one or more tax identification numbers (TINs). Physicians were linked to each practice using individual Medicare provider identification numbers (PINs). Medicare beneficiaries who live in a demonstration state and who are treated by primary care providers, or those medical subspecialties likely to provide primary care, for the targeted conditions and who are covered under traditional fee-for-service Medicare for both Part A and Part B coverage were linked to these practices.<sup>3</sup> Demonstration practices are submitting performance data to CMS on up to 26 clinical measures covering treatment related to CHF, CAD, diabetes, and the provision of specific preventive and screening services for all beneficiaries assigned with a chronic condition.<sup>4</sup> Through several contractors, CMS is collecting data on all the clinical measures for the baseline period and all three years of the demonstration.

The demonstration practices will be eligible to receive up to three incentive payments. First, demonstration practices will receive an incentive of \$20 per beneficiary per category (up to \$1,000 per physician to a maximum of \$5,000 per practice) for reporting baseline clinical quality measures. The payment will not be contingent on the practice's score on any of these measures. Second, for each of the three demonstration years, based on the clinical measures data that the practices report, CMS will calculate a composite score for each chronic condition (as well as the

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<sup>3</sup> Beneficiaries for whom Medicare is not the primary source of insurance coverage or whose care a hospice program manages will be excluded from the demonstration.

<sup>4</sup> In addition to three primary target chronic conditions—congestive heart failure, coronary artery disease, and diabetes mellitus—the other eligible conditions are Alzheimer's disease or other mental, psychiatric, or neurological disorders; any heart condition (such as arteriosclerosis, myocardial infarction, or angina pectoris/stroke); any cancer; arthritis and osteoporosis; kidney disease; and lung disease. These conditions will be identified through ICD-9-CM diagnosis codes available in Medicare claims data (Wilkin et al. 2007).

preventive measures) and compare it against performance thresholds. Physicians will be eligible for payments of up to \$70 per beneficiary for meeting standards related to a specific chronic condition. Beneficiaries who have more than one condition will be counted in each of the relevant groups. For preventive services, physicians will be eligible for a payment of up to \$25 per beneficiary with any chronic condition. Physicians will be eligible to earn up to \$10,000 per year for performance on all clinical measures. The maximum annual payment to any single practice will be \$50,000, regardless of the number of physicians in the practice. Third, practices with a CCHIT certified EMR system that can extract and submit performance data to CMS electronically will be eligible to increase the incentive payment by up to 25 percent, or \$2,500 per physician (up to \$12,500 per practice) per year during the demonstration period for electronic submission. Thus, practices could receive up to \$192,500 over the three years of the demonstration (including the baseline period).

Finally, Congress also mandated an independent evaluation of the MCMP demonstration. The evaluation must include an assessment of the impacts of pay-for-performance on improving quality of care, care coordination, and continuity of care; reducing Medicare expenditures; and improving health outcomes. The legislation specified that a final evaluation report must be submitted to Congress within 12 months of the demonstration's conclusion. CMS, with funding from the Agency for Healthcare Research and Quality (AHRQ), has contracted with MPR to conduct this evaluation.

### **3. Evaluation Design**

The main goal of the evaluation is to provide CMS and AHRQ with valid estimates of the incremental effect, or *impact*, of providing performance-based financial incentives on the quality of care, continuity of care, use of Medicare-covered services, and Medicare costs of the chronically ill Medicare beneficiaries served by demonstration practices. To provide this

information, the evaluation must generate rigorous quantitative estimates of the intervention's impacts.

The impact analysis for the evaluation will use a *matched comparison (quasi-experimental) group* design. Comparison practices will be chosen from practices that participated in the DOQ-IT project in selected non-demonstration states. Each demonstration state was matched to a non-demonstration state based on specific criteria that included demographics and degree of electronic health records and pay for performance programs going on in the state. Alternate comparison states were chosen in the event that the selected state does not have a sufficient number of practices for matching. The demonstration and comparison practices will be matched on key factors likely to be associated with outcomes of interest. The impact analysis will use a *difference-in-differences* approach to estimate impacts. With this approach, *changes* in quality measures and other outcomes of practices in the demonstration states and comparison states will be compared before and after the start of the demonstration. The unit of analysis will be the practice, which also is the unit of intervention.

Data for impact analysis will be collected from four sources: (1) a beneficiary survey, (2) a physician survey, (3) an Office Systems Survey, and (4) Medicare claims and eligibility data. This request for OMB clearance only relates to the beneficiary and physician surveys.

The survey of eligible Medicare beneficiaries will measure their well being (using such indicators as health status, burden of illness, and quality of life); access to care; adherence to self-care management principles; continuity of care; and satisfaction with care (Table A.1).

The survey of physicians will measure barriers to transforming the practices' clinical encounters with beneficiaries and other office procedures, barriers to adoption of HIT, experience implementing this type of technology, satisfaction with HIT, and experience with other pay-for-performance programs (in the demonstration states only) (Table A.2).

TABLE A.1

MEASURES COLLECTED ON THE BENEFICIARY SURVEY

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**Health Status**

- Self-rated health status
- List of diagnosed chronic conditions
- Self-rated knowledge of chronic conditions
- Self-rated knowledge of risk factors or symptoms of worsening conditions

**Access to Care**

- Regular source of medical care
- Frequency of physician or clinic visits in past year
- Frequency of emergency room visits in past year

**Health Care Processes**

- Measures taken, exams given, and education provided during last visit to health care professional
- Discussion of exercise, smoking, drinking, diet with health care professional in past year
- Colon cancer screening in past five years
- Flu vaccination in past two years
- Frequency of self-examination of feet and self-weigh during past year

**Satisfaction with Care**

- Level of satisfaction with several dimensions of the care received from the health care professional (for example, the amount of time spent with the doctor during a visit)
- Level of satisfaction with the ability to get appointments and reminders for appointments
- Level of satisfaction with communication among physicians regarding patient's medical care
- Overall quality of health care and services

**Background Information**

- Level of education
  - Primary language spoken
  - Marital status
  - Living arrangements
  - Household size
  - House ownership status
  - Employment status
  - Household income
-

TABLE A.2

MEASURES COLLECTED ON THE PHYSICIAN SURVEY

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**Use of Electronic Medical Records (EMRs)**

- Availability of EMR system
- Use of EMR system to perform functions (for example, documenting office visits, e-prescribing, polypharmacy, or issuing patient reminders)
- Level of satisfaction with EMR system training
- Level of satisfaction with ability of EMR system to meet practice needs

**Barriers to Adoption and Use of EMRs**

- Start-up and maintenance costs
- Time to acquire or setup the system
- Staff computer skills, skepticism, and reluctance to change
- Patient privacy concerns
- Time and ability to incorporate legacy records into the new system
- Interoperability

**Caring for Medicare Patients with Chronic Illnesses**

- Issue routine care reminders electronically or manually
- Change in number of office visits, telephone conversations, and email exchanges with Medicare patients
- Number of encounters with polypharmacy, unnecessary or duplicate tests, lack of timely information from other providers or after hospitalization
- Level of satisfaction with overall quality of care, coordination of care, physician and patient knowledge of recommended preventive care
- Frequency of producing reports on patients
- Frequency of availability of patient care-related information during office visits

**Experiences with the MCMP Demonstration (only Physicians in Demonstration Practices)**

- Success targeting important medical conditions, use of appropriate quality measures, and promoting EMR adoption and use
- Effect of demonstration on processes of care
- Recommendation of MCMP to colleagues
- Experience with other pay-for-performance programs

**Demographic and Socioeconomic Characteristics**

- Number of Medicare beneficiaries with chronic conditions seen in an average week
  - Use of languages other than English in practice
  - Years in medical practice
  - Whether board certified
  - Age
  - Race/ethnicity
-



## **B. JUSTIFICATION**

### **1. Need and Legal Basis**

The MCMP Demonstration is authorized by Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The legislation requires the Secretary of the U.S. Department of Health and Human Services to establish a pay-for-performance demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. (See Appendix A for a copy of the legislation.) The MMA authorized up to four demonstration sites to include urban and rural areas; CMS chose Arkansas, California, Massachusetts, and Utah. An independent evaluation of the MCMP demonstration is required. The evaluation must include an assessment of the impact of pay-for-performance on improving quality of care, care coordination, and continuity of care, thereby reducing Medicare expenditures and improving health outcomes. To measure these outcomes, the impact evaluation requires a survey of eligible Medicare beneficiaries and a survey of physicians participating in the demonstration.

### **2. Information Users**

Information for the evaluation of the MCMP demonstration will be collected and analyzed by MPR, under Contract Number 500-00-0033, Task Order 05, with CMS, titled “Evaluation of Medicare Care Management Performance Demonstration”.

Findings from the impact analysis will be included in the Report to Congress (due within 12 months of the conclusion of the demonstration) and other internal reports to CMS.



### **3. Use of Information Technology**

Data collection for the beneficiary survey will begin in January 2009, approximately 19 months from the start of the demonstration. Beneficiary survey data collection will rely on a self-administered mail questionnaire and will be supplemented with computer-assisted telephone interviewing (CATI). Data collection for the physician survey will also use both mail and CATI; however, CATI will be the primary data collection method. Questionnaire content for each survey will be the same across modes. Respondent signatures are not required for either of the two surveys.

MPR will enter mail survey data using Viking data entry software on a SUN Ultra Enterprise 2 workstation. A data entry program specific to the survey instrument will be developed and thoroughly tested before use. The program will contain study-specific logic and range and consistency checks to produce high quality data.

Quality control and data entry of completed questionnaires will continue throughout the field period (expected to run for 12 months for the beneficiary survey and 11 months for the physician survey). The data entry program will contain edit specifications and will flag errors electronically. Calls to collect critical missing information and resolve inconsistencies will be made as needed. All errors will be reviewed and resolved during data cleaning, and all entries will be 100 percent verified.

### **4. Duplication of Effort**

This information collection does not duplicate any other effort, and the information cannot be obtained from any other source.

## **5. Small Businesses**

Solo, small, and mid-size practices (that is, practices with 10 or fewer physicians, although there may be exceptions) will be targeted for the physician survey. Participating in the survey will impose minimal burden for physicians. The physician survey is designed to be completed in 10 or fewer minutes.

## **6. Less-Frequent Collection**

Both data collection efforts are one-time-only collections and are necessary for conducting a credible evaluation. Not conducting the surveys would limit CMS's understanding of the impact of the MCMP demonstration and would impair CMS's ability to provide a fully informed Report to Congress, as required.

## **7. Special Circumstances**

There are no special circumstances related to the proposed data collection for the MCMP evaluation.

## **8. Federal Register/Outside Consultation**

The notice required by 5 CFR 1320.8 (d), will be submitted by CMS for publication in the Federal Register.

Outside consultation for the design of the study and surveys was received from the following experts.

- **Sheldon Retchin** (M.D., M.P.H., University of North Carolina), Professor of Internal Medicine and Chief Executive Officer of Virginia Commonwealth University (VCU) Health System. Dr. Retchin provided advice regarding the development of the physician survey instrument. He also assisted with the analysis of quality of care measures. Dr. Retchin is a national expert in health policy and health care delivery and has extensive experience with the implementation and study of the effectiveness of electronic medical records in office practice settings. The VCU Health System, where Dr. Retchin is CEO, recently installed a \$57 million clinical information

system that includes computerized physician order entry (CPOE). The VCU Health System has had mandatory CPOE at its hospitals for more than 20 years.

- **Robert H. Miller** (Ph.D., Economics, University of California, San Francisco [UCSF]) is Professor of Health Economics in Residence, Institute for Health & Aging at UCSF. Dr. Miller provided advice on the physician survey. His research focuses on the economics of information technology (IT) and organizational change in ambulatory care settings. He has conducted studies about the costs, benefits, and use of electronic medical records; the economic feasibility of community-wide electronic clinical data exchange; and the capabilities of e-health systems: their implementation, use, and current/potential effects on quality and efficiency.

Several surveys that were used in other demonstrations sponsored by CMS were referenced in the development of the beneficiary and physician survey instruments for MCMP to identify questions that were previously used successfully with similar populations. These included (1) the Medicare Coordinated Care Physician Survey Questionnaire; (2) the Senior Dimensions Second Generation Social Health Maintenance Organization Survey; and (3) the Medicare Disease Management Program Evaluation Patient Questionnaire. The two current survey instruments were pretested with nine or fewer respondents.

## **9. Payments/Gifts to Respondents**

No payments or gifts are planned for respondents of either the beneficiary or physician surveys.

## **10. Confidentiality**

MPR will take several steps to assure respondents that the information they provide will be treated as confidential and used for research purposes only. Survey respondents will be told that they will not be identified individually (that is, by name) in any reports or in any communications to CMS. The assurances and limits of confidentiality will be made clear in advance material mailed to respondents and will be restated at the beginning of each telephone interview. Respondents will also be told that their participation in the survey is voluntary, though important, and that they have the option to refuse to answer questions in the survey. Staff

assigned to work on the project sign confidentiality pledges as a term of employment. The confidentiality pledge requires staff to maintain the confidentiality of all information collected.

Questionnaires completed by mail will not contain names or other personally identifying information. Instead, each questionnaire will contain a unique barcode that can be linked to the respondent only for research purposes.

## **11. Sensitive Questions**

The beneficiary survey includes questions about health status, medical diagnoses, and medical visits that may be considered sensitive. Obtaining information about these potentially sensitive topics is central to the evaluation. Many of the questions were adapted without modification from other surveys of similar populations, such as the Medicare Coordinated Care Physician Survey Questionnaire and the Medicare Disease Management Program Evaluation Patient Questionnaire. In these surveys, there was no indication that respondents were reluctant to report on their health status, diagnoses, and health visits as well as other aspects of their health and their experiences with health care providers. The questions in the physician survey are about the use of electronic medical records, practices when caring for chronically ill Medicare beneficiaries, experiences with the demonstration, and some general background questions. These questions are not considered sensitive.

## **12. Burden Estimates (Hours and Wages)**

Table B.1 presents estimates of respondent burden for the beneficiary and physician surveys. It shows the expected number of respondents to each survey, hours per response, and the annualized hour and cost burden.

Hour estimates for the beneficiary survey are based on pretests completed with eight Medicare beneficiaries. In those pretests, completion times ranged from 10 to 14 minutes, and averaged 11 minutes. This average was rounded up to the next quarter hour or 15 minutes.

Eight physicians also completed pretests. Those pretests form the basis for the hour estimates provided. For the physician survey, pretest completion times ranged from 4 to 18 minutes, and averaged 8 minutes overall. The cost per physician response was computed using an estimated annual salary of \$160,000 for primary care physicians and 2,080 annual work hours as follows:  $\$160,000/2,080 * 0.17 \text{ hours} = \$13.08$  per response. For the 272 total hours expected to complete the survey (column 5 in Table B.1), the estimated total annual cost burden for the physician survey is \$3,558.

TABLE B.1  
RESPONSE BURDEN FOR THE BENEFICIARY AND PHYSICIAN SURVEYS

| Survey             | Number of Respondents<br>(1) | Frequency of Response<br>(2) | Hours Per Response<br>(3) | Annual Hour Burden<br>(4) | Cost Per Response<br>(5) | Annual Cost Burden<br>(6) |
|--------------------|------------------------------|------------------------------|---------------------------|---------------------------|--------------------------|---------------------------|
| Beneficiary survey | 4,800                        | 1                            | 0.25                      | 1,200                     | NA                       | NA                        |
| Physician survey   | 1,600                        | 1                            | 0.17                      | 272                       | \$13.08                  | \$3,558                   |
| <b>Total</b>       | <b>6,400</b>                 | <b>1</b>                     | <b>NA</b>                 | <b>1,472</b>              | <b>NA</b>                | <b>NA</b>                 |

### 13. Capital Costs

There are no direct costs to respondents other than their time to participate in the study.

### 14. Cost to Federal Government

The total current value for this contract is \$2,299,876 over a period of seven years. The estimated annualized cost to the government for conducting the surveys of beneficiaries and physicians is \$282,961 (over a period of three years). This estimate is based on the contractor's costs for conducting and tabulating mail survey results, including labor; conducting computer-assisted telephone interviewing for both surveys; other direct costs for computer, telephone,

postage, reproduction, fax, printing, and survey facilities; and indirect costs for fringe benefits, general and administrative costs, and fees.

## **15. Changes to Burden**

This is a new data collection; therefore, there are no changes to burden.

## **16. Publication/Tabulation Dates**

The demonstration evaluation will produce several reports including a cost neutrality monitoring report, and interim and final evaluation reports that synthesize findings across states and analytic components. The evaluation reports will be adapted to develop a Report to Congress. Table B.2 summarizes the delivery schedule for these reports. A summary of each report follows.

### **a. Cost Neutrality Monitoring Report**

OMB has requested that MPR monitor cost neutrality over the first 18 months of the demonstration. This analysis will require comparing our regression estimates of the demonstration's effects on Medicare savings to the incentive payments made to demonstration practices. Assuming the data for this analysis are available by month 21 (that is, 21 months after the demonstration begins), MPR plans to deliver a draft of this report to CMS in month 24 (that is, June 2009).

TABLE B.2  
DELIVERY SCHEDULE FOR EVALUATION REPORTS

| Report  | Due Date                   |                |
|---|----------------------------|----------------|
|   | Project Month <sup>a</sup> | Calendar Month |
| Design report   | n.a.                       | May 2007       |
| First interim evaluation report                         | 16                         | October 2008   |
| Cost neutrality monitoring report                       | 24                         | June 2009      |
| Second interim evaluation report                        | 28                         | October 2009   |
| Report to Congress<br>(third interim evaluation report) | 40                         | October 2010   |
| Final evaluation report                                 | 51                         | September 2011 |

<sup>a</sup>Refers to the number of months after the start of the demonstration (July 1, 2007).

n.a. = not applicable.

**b. Interim and Final Evaluation Reports**

One of the most important components of the evaluation will be the synthesis of the findings from the implementation and impact analyses to determine whether the pay-for-performance incentives improved quality of care for fee-for-service Medicare beneficiaries with chronic illnesses and influenced the adoption and use of HIT and, therefore, whether pay-for-performance should be implemented on a larger scale.

MPR will prepare three interim evaluation reports (drafts due 16, 28, and 40 months after the start of the demonstration, respectively) and a final evaluation report (draft due 51 months after the start of the demonstration), all of which will synthesize those findings available at different times during the demonstration.

The first interim evaluation report, due in October 2008 (16 months after the start of the demonstration), will provide an overview of implementation and demonstration activities to date in each state, a comparison of baseline characteristics of demonstration and comparison practices including their use of HIT, and summary statistics on the number of demonstration

practices that submitted baseline data. It will rely on data from the Office Systems Survey, baseline claims data, and baseline quality measurement data from the demonstration practices.

The second interim evaluation report, due in October 2009 (28 months after the start of the demonstration), will focus on impact estimates for the first year of program operations. Although MPR will compare impacts on use of Medicare-covered services and costs across practices and states, MPR will not attempt to draw inferences from them at this stage of the evaluation. In addition, MPR will summarize findings from telephone discussions with highly successful practices and with those that withdrew, if any, in year 2 of demonstration operations.

The third interim evaluation report, due in October 2010 (40 months after the start of the demonstration), will focus on impact estimates for the second year of program operations. MPR will also include findings on the impacts of pay-for-performance on physician-beneficiary interactions (that is, access to care, care coordination, and satisfaction with care) from the beneficiary survey. Finally, MPR will summarize findings from telephone discussions with highly successful and unsuccessful practices (including those that withdrew, if any), in year 3 of demonstration operations.

The final evaluation report, due in September 2011 (51 months after the start of the demonstration), will provide final impact estimates from claims data using data from the third, and final, year of demonstration operations. In addition, MPR will present impact estimates from the physician survey on processes associated with the adoption of HIT to improve quality of care. The report will also incorporate our synthesis analysis, including data from the last wave of the Office Systems Survey.

### **c. Report to Congress**

MPR will produce one Report to Congress based on the independent evaluation. The draft report is due in October 2010, approximately three months after the end of demonstration



operations. This report will analyze implementation experiences and findings of the MCMP demonstration across the four states.

**17. Expiration Date**

The OMB expiration date will be displayed on all survey materials sent to sample members, including the advance letter and questionnaire.

**18. Certification Statement**

Both data collection efforts will conform to all provisions of the Paperwork Reduction Act.

## **C. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS**

### **1. Respondent Universe and Sampling Methods**

#### **a. Respondent Universe**

The MCMP demonstration targets practices serving at least 50 traditional fee-for-service Medicare beneficiaries with selected chronic conditions for whom the practices are providing primary care. The target populations consist of (1) the physicians (for the physician survey) affiliated with the targeted practices and (2) the Medicare beneficiaries (for the beneficiary survey) associated to these practices.

The Quality Improvement Organizations (QIOs) in the four demonstration states—Arkansas, California, Massachusetts, and Utah—recruited practices on relationships built through CMS’s Doctor’s Office Quality-Information Technology (DOQ-IT) project. Only practices participating in DOQ-IT were eligible to participate in the demonstration. The demonstration enrolled 106 practices in Arkansas, 236 practices in California, 236 practices in Massachusetts, and 121 practices in Utah, with an estimated 2,800 physicians participating in MCMP. Comparison practices will be chosen from DOQ-IT practices in non-demonstration states. Each demonstration state was matched to a non-demonstration state based on specific criteria that included demographic features, degree of health information technology and pay for performance programs going on in the state, and other factors. Alternate comparison states were chosen in the event that the selected state does not have a sufficient number of practices for matching. Comparison practices will be matched to the demonstration practices based on practice size, experience with HIT, and use of ambulatory Medicare-covered services.

The demonstration states, and the practices within them, are not randomly selected from a population of states and practices. Instead, CMS selected the four states following criteria

specified in the enabling legislation. Furthermore, physician practices volunteered to participate. Thus, the sampled population cannot be generalized beyond those practices enrolled in the demonstration and their matched counterparts.

#### **b. Sampling Methods**

The sample of physicians for the physician survey will be stratified by the number of physicians in the participating practices (that is, practice size). Table C.1 presents the distribution of eligible practices, by size, in the four demonstration states. To select the physician sample, MPR will use a list of physicians in the demonstration practices collected from the demonstration's application form, to select one or more physicians from each of the 699 treatment practices. MPR will obtain the list of physicians for the comparison practices from the Office Systems Survey. MPR will use this list to select one or more physicians from the approximately 700 comparison group practices for this survey. For solo practices, the physician will be selected with certainty. MPR will select a sample of 2,376 physicians—1,144 from practices in demonstration states and 1,232 from practices in comparison states—to get the desired 1,600 completed interviews. The goal is to have 200 completed interviews with physicians in demonstration practices in each state and 200 completed interviews with physicians in comparison practices per state for a total of 1600 interviews.

For the beneficiary survey, MPR will stratify sample members by medical condition. The financial support contractor will provide MPR with lists of Medicare beneficiaries linked with any of the demonstration or comparison-group practices during the first year of demonstration operations (that is, July 2007 to June 2008). From these lists, MPR will select a sample of 6,400 beneficiaries to get the desired 4,800 completed interviews. The sample will be evenly split across demonstration and comparison practices in each state (800 beneficiaries in demonstration practices and 800 beneficiaries in comparison practices in each state).

TABLE C.1  
 DISTRIBUTION OF ELIGIBLE PRACTICES, BY SIZE,  
 IN DEMONSTRATION STATES

| State         | Practice Size | Number of Practices | Percentage |
|---------------|---------------|---------------------|------------|
| Arkansas      | 1             | 99                  | 18.6       |
|               | 2             | 259                 | 48.8       |
|               | 3             | 45                  | 8.5        |
|               | 4             | 48                  | 9.0        |
|               | 5             | 21                  | 4.0        |
|               | 6             | 20                  | 3.8        |
|               | 7             | 8                   | 1.5        |
|               | 8             | 16                  | 3.0        |
|               | 9             | 4                   | 0.8        |
|               | 10            | 11                  | 2.1        |
| California    | 1             | 3,051               | 43.6       |
|               | 2             | 2,570               | 36.7       |
|               | 3             | 518                 | 7.4        |
|               | 4             | 302                 | 4.3        |
|               | 5             | 154                 | 2.2        |
|               | 6             | 134                 | 1.9        |
|               | 7             | 103                 | 1.5        |
|               | 8             | 73                  | 1.0        |
|               | 9             | 45                  | 0.6        |
|               | 10            | 45                  | 0.6        |
| Massachusetts | 1             | 468                 | 41.8       |
|               | 2             | 324                 | 29.0       |
|               | 3             | 90                  | 8.0        |
|               | 4             | 63                  | 5.6        |
|               | 5             | 52                  | 4.7        |
|               | 6             | 34                  | 3.0        |
|               | 7             | 26                  | 2.3        |
|               | 8             | 26                  | 2.3        |
|               | 9             | 22                  | 2.0        |
|               | 10            | 14                  | 1.3        |
| Utah          | 1             | 39                  | 16.3       |
|               | 2             | 112                 | 46.7       |
|               | 3             | 23                  | 9.6        |
|               | 4             | 23                  | 9.6        |
|               | 5             | 15                  | 6.3        |
|               | 6             | 9                   | 3.8        |
|               | 7             | 3                   | 1.3        |
|               | 8             | 7                   | 2.9        |
|               | 9             | 6                   | 2.5        |
|               | 10            | 3                   | 1.3        |

Source: MCMP financial support contractor.

Table C.2 shows the distribution of Medicare beneficiaries by medical condition. In each state, the total percentage exceeds 100 percent because there is overlap among conditions that could not be accounted with the available data.<sup>5</sup> Thus, MPR will stratify the sample into two groups: (1) beneficiaries reported with at least one of the conditions of coronary artery disease (CAD), congestive heart failure (CHF), and/or diabetes; and (2) beneficiaries reported with any of the other conditions, but not CAD, CHF, or diabetes.<sup>6</sup> The percentage of beneficiaries having at least one of the target conditions (CAD, CHF, and/or diabetes) is estimated by summing the percentages for specific conditions and dividing it by the total. For example, in Arkansas, the sum of the percentages across conditions is 145 percent. Thus, the estimated percentage of individuals with CAD, CHF, and/or diabetes is 39 percent [ $= (22+13+22)/145$ ].

## **2. Procedures for the Collection of Information**

### **a. Beneficiary Survey**

A self-administered mail survey will be the primary data collection mode for the beneficiary survey. The survey will start 19 months after the beginning of the demonstration's operations (in January 2009). Respondents will be sent a packet containing (1) a letter (printed on CMS letterhead and signed by the CMS Information Officer) describing the survey, (2) a fact sheet of commonly asked questions and their answers, (3) the questionnaire, and (4) prepaid return mailing materials.

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<sup>5</sup> For example, someone who has both diabetes and a kidney condition is included in both percentages. It is not known how many individuals have only diabetes and no other condition, and how many have diabetes in combination with one or more of the other conditions.

<sup>6</sup> The first stratum includes beneficiaries reported with CAD, CHF, or diabetes in combination with one or more of the other conditions.

TABLE C.2  
DISTRIBUTION OF MEDICARE BENEFICIARIES BY  
CHRONIC CONDITION AND STATE

| State         | Condition                        | Number  | Percentage |
|---------------|----------------------------------|---------|------------|
| Arkansas      | Coronary artery disease          | 36,293  | 22         |
|               | Congestive heart failure         | 20,316  | 13         |
|               | Diabetes                         | 36,195  | 22         |
|               | Age-related macular degeneration | 22,874  | 14         |
|               | Heart condition                  | 33,340  | 21         |
|               | Bone condition                   | 33,076  | 20         |
|               | Cancer                           | 19,527  | 12         |
|               | Kidney condition                 | 8,950   | 6          |
|               | Lung condition                   | 24,442  | 15         |
| California    | Coronary artery disease          | 307,628 | 22         |
|               | Congestive heart failure         | 163,726 | 12         |
|               | Diabetes                         | 348,704 | 25         |
|               | Age-related macular degeneration | 184,929 | 13         |
|               | Heart condition                  | 333,685 | 24         |
|               | Bone condition                   | 350,863 | 25         |
|               | Cancer                           | 232,224 | 17         |
|               | Kidney condition                 | 108,289 | 8          |
|               | Lung condition                   | 211,878 | 15         |
| Massachusetts | Coronary artery disease          | 53,816  | 21         |
|               | Congestive heart failure         | 26,710  | 11         |
|               | Diabetes                         | 56,927  | 23         |
|               | Age-related macular degeneration | 47,754  | 19         |
|               | Heart condition                  | 63,343  | 25         |
|               | Bone condition                   | 51,865  | 21         |
|               | Cancer                           | 41,653  | 17         |
|               | Kidney condition                 | 18,215  | 7          |
|               | Lung condition                   | 37,729  | 15         |
| Utah          | Coronary artery disease          | 7,585   | 14         |
|               | Congestive heart failure         | 5,512   | 10         |
|               | Diabetes                         | 11,323  | 21         |
|               | Age-related macular degeneration | 7,782   | 14         |
|               | Heart condition                  | 9,978   | 18         |
|               | Bone condition                   | 11,631  | 21         |
|               | Cancer                           | 7,605   | 14         |
|               | Kidney condition                 | 2,815   | 5          |
|               | Lung condition                   | 5,396   | 10         |

Source: MCMP financial support contractor.

A copy of the letter that will be sent to respondents is included as Appendix C to this submission; the fact sheet is in Appendix D. The beneficiary questionnaire (Appendix E) has been designed with a high level of sensitivity to the age of the target population. A larger font size than is typical for use with the general population will be used for the survey. MPR expects that beneficiaries will be able to complete the survey in 15 minutes or less. The questionnaire and all accompanying survey materials will be available in both English and Spanish.

The following topics will be covered by the beneficiary survey:

- **Section A: Health Status.** This section collects self-reported health status and obtains information about medical diagnoses and knowledge of health conditions.
- **Section B: Access to Care.** This section asks about the usual sources of care, primary care physician identification, and frequency of health care visits.
- **Section C: Health Care Processes.** This section collects information about the procedures followed and advice obtained during physician visits.
- **Section D: Care Coordination.** This section collects information about physician's knowledge of beneficiary's health information.
- **Section E: Satisfaction with Care.** This section collects information on the level of satisfaction with various aspects of medical care received.
- **Section F: Background Information.** This section collects information on beneficiary's level of education, languages spoken, marital status, living arrangements, employment status, and income.

MPR's goal is to complete surveys with 4,800 eligible beneficiaries (600 from the demonstration group and 600 from the comparison group in each state), for a 75 percent response rate. The beneficiary survey will be administered over a 12-month period. The initial survey mailing to beneficiaries will be supplemented with a reminder postcard, a second full mailing to nonresponders, and a second reminder postcard. About halfway through the field period, MPR will send a final appeal to get more respondents to return completed surveys by mail. To complete the remaining interviews needed to achieve the targeted 75 percent response, MPR will

focus its remaining resources on completing the survey by telephone. A CATI system will be used to facilitate data collection.

#### **b. Physician Survey**

For the physician survey, MPR's goal is to complete surveys with 1,600 respondents (200 physicians from practices in each demonstration state and 200 physicians from practices in each comparison state). These estimates assume response rates of 70 percent for demonstration physicians and 65 percent for comparison physicians. MPR projects a lower response rate for the comparison states because comparison group physicians will have no clear incentive to participate in a survey. These response rate assumptions are consistent with MPR's recent experience interviewing physicians whose patients were participating in CMS's care coordination or disease management demonstrations.

The physician survey will be fielded approximately 25 months after the start of the demonstration (in July 2009). MPR will also use a mail survey (with telephone follow-up) as the data collection strategy for the physician survey. However, MPR will begin telephone data collection immediately following the initial mailing. The initial mailing is being used primarily as a way to alert the physicians that they will be receiving a call about the survey. Some physicians will prefer to complete the survey by mail, and the mailing will facilitate completion for them. MPR selected this approach because physicians' busy schedules may make it difficult for them to respond to an unscheduled telephone survey. The physician survey questionnaire for demonstration physicians is included in Appendix F. Appendix G contains the version for comparison group physicians. The surveys collect data on the following topics:

- ***Section A: Use of Electronic Medical Records.*** This section asks about the physician's experience with electronic medical records.



- **Section B: *Barriers to Adoption and Use of Electronic Medical Records.*** This section asks about factors that may have been barriers in the adoption and use of electronic medical records and the physician's involvement in efforts to improve quality and assess technology needs.
- **Section C: *Caring for Medicare Patients with Chronic Illnesses.*** This section collects information about communication with Medicare patients.
- **Section D: *Experiences with the MCMP Demonstration (Demonstration Physicians Only).*** This section collects information from demonstration group physicians. It asks for their opinions about the demonstration and its effect on their service to Medicare patients.
- **Section E: *Demographic and Socioeconomic Characteristics.*** This section asks for the physician's demographic and socioeconomic characteristics, including racial and ethnic background and board certification status.

MPR will mail survey material to demonstration and comparison group physicians using official CMS letterhead and envelopes. Included in the survey material will be a cover letter signed by the CMS Privacy Officer, a mail questionnaire, and prepaid return mailing materials. The advance letter will include a toll-free number giving physicians the option to call and complete the survey by telephone. Demonstration and comparison group physicians will receive slightly different versions of the advance letter (see Appendixes H and I). In addition, comparison group physicians will be sent a fact sheet about the demonstration (see Appendix J).

The initial mailing to physicians will occur in July 2009. Two weeks after the initial mailing, MPR will begin telephone contact to schedule appointments and conduct interviews with sampled physicians. This effort will continue throughout the 11-month survey period—from July 2009 through June 2010. MPR will train staff experienced in interviewing physicians to negotiate access with gatekeepers and to conduct the estimated 10-minute interview. About midway through the survey period, MPR will send a second mailing appealing to physicians who have not completed surveys or scheduled appointments. MPR expects that about 60 percent of

the completed surveys will come from CATI and that 40 percent will be completed by mail. Table C.3 shows the data collection schedule for both surveys.

TABLE C.3  
DATA COLLECTION SCHEDULE

| Data Collection Activity | Start Date   | End Date      |
|--------------------------|--------------|---------------|
| Beneficiary survey       | January 2009 | December 2009 |
| Physician survey         | July 2009    | June 2010     |

### **3. Methods to Maximize Response Rates**

#### **a. Beneficiary Survey**

MPR will take a number of steps to maximize response to the survey of beneficiaries for the MCMP evaluation. First, the cover letter that will accompany survey mailings will be printed on CMS letterhead, personally addressed, and signed by the CMS Privacy Officer. The letter will include a telephone number and Internet address for CMS, a toll-free number at which to complete the survey or get additional information from MPR, and a fact sheet about the survey. The letter will describe the evaluation and the purpose of the mail survey and will provide prepaid return mailing materials for completed surveys. The letter will also indicate that the survey is voluntary and will estimate the time needed to complete it (that is, 15 minutes).

A reminder postcard will follow the initial mailing to beneficiaries. Nonresponders to the initial and reminder mailings will receive a second full mailing, a second reminder postcard, and a priority mailing to encourage response. When these efforts are exhausted, trained interviewers will begin to contact beneficiaries by telephone to complete the survey. All materials for the beneficiary survey will be available in both English and Spanish. MPR projects a 75 percent response rate for the beneficiary survey.

## **b. Physician Survey**

MPR will utilize an initial mailing to alert both demonstration and comparison group physicians about the MCMP physician survey. The cover letter for the initial mailing will be printed on CMS letterhead, personally addressed, and signed by the CMS Privacy Officer. The initial mailing will include a self-administered mail questionnaire and prepaid return mailing materials.

Physicians participating in the demonstration will be aware that a survey will be conducted as part of the evaluation and will, MPR hopes, be motivated to respond. Comparison group physicians are less likely to be aware of the demonstration. The CMS Internet address and telephone number that will be included in the letter should be helpful in providing information about the demonstration to this group. Physicians will also be provided with the toll-free number to call MPR to complete the survey by telephone. About two weeks following the initial mailing to physicians, telephone interviewers trained at negotiating with gatekeepers for access to physicians will begin to contact sampled physicians by telephone to complete the survey. These telephone efforts will be supplemented by a second mailing to nonresponding physicians midway through the data collection period. These efforts are projected to yield a response rate of 70 percent among demonstration physicians and 65 percent among comparison group physicians.

## **4. Tests of Procedures or Methods**

MPR conducted pretests to assess the clarity of questions, identify possible modifications to question content and/or sequence, and estimate respondent burden for both survey instruments. Convenience samples of Medicare beneficiaries and physicians were used for the pretests.<sup>7</sup> The pretests mirrored the data collection strategy planned for the main survey to the extent possible.

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<sup>7</sup> MPR staff identified pretest sample members for both surveys.

That is, mail surveys were sent to all sample members as the initial contact mechanism. These surveys were followed up with a telephone call to debrief with the pretest sample members about their experience completing the survey. During the debriefing calls, MPR asked questions to assess respondents' cognitive understanding of terms used and to identify problems they may have had answering the questions. Respondents were asked to record their start and end times on the survey.

**a. Beneficiary Pretest**

Eight Medicare beneficiaries participated in the beneficiary survey pretest. Respondents took an average of 11 minutes to complete the pretest survey, with completion times ranging from 10 to 14 minutes. Overall, the response to the pretest was positive. Respondents provided some suggestions for changes but found the questions easy to understand. All suggested changes were considered and have been incorporated to the extent appropriate. In addition to the pretest respondents, internal reviewers and reviewers at CMS provided comments on the survey drafts; these have been incorporated as well.

**b. Physician Pretest**

MPR mailed pretest packets, including a cover letter, questionnaire, and prepaid return mailing materials, to nine physicians. Of these, eight returned completed questionnaires. Seven of the eight physicians currently serve Medicare patients. On average, physicians completed the survey in 8 minutes, with completion times ranging from 4 to 18 minutes. Debriefing conversations with physician respondents were also conducted. Pretest physicians provided valuable feedback about terminology and concepts covered in the questionnaire. These comments, along with those of MPR's internal reviewers, external consultants, and CMS, have been integrated into the revised version of the questionnaire that is included with this package.

Revisions reflecting the lessons learned from the pretests have been incorporated into the current versions of both instruments included with this submission.

## **5. Individuals Involved in Design**

The following individuals have contributed to the study design and to the design of the physician and beneficiary survey instruments:

- Dr. Lorenzo Moreno, an MPR senior health researcher and study project director, (609) 936-2776
- Ms. Julita Milliner-Waddell, a survey researcher at MPR and study survey director, (609) 275-2206
- Ms. Jillian Stein, an MPR survey associate, (609) 716-4395
- Dr. Eric Grau, an MPR sampling statistician, (609) 945-3330
- Dr. Sheldon Retchin, Professor of Internal Medicine and Chief Executive Officer of Virginia Commonwealth University Health System, (804) 828-9770
- Dr. Robert H. Miller, Associate Professor of Health Economics in Residence, Institute for Health & Aging at the UCSF, (415) 476-8568
- Dr. Lorraine Johnson, CMS Project Officer, Office of Research, Development, and Information, (410) 786-9457

## **6. Additional Information**

Personally identifiable information and social security numbers are not being collected as part of the beneficiary and physician surveys being conducted for MCMP.<sup>8</sup> Mail questionnaires will not contain names or other identifiers. Instead, a unique barcode will be affixed to each questionnaire.

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<sup>8</sup> Identifiable data only will be used to draw the sample for the beneficiary survey from the Medicare enrollment database, which includes beneficiary social security number and other personal identifiers. Access to these data is governed by a Data Use Agreement between MPR and CMS for the MCMP demonstration. The sample frame for the physician survey does not contain social security numbers, although it includes the tax identification number of the practice to which the physician belongs. Access to these data also is governed by a Data Use Agreement between MPR and MassPRO—the Massachusetts Quality Improvement Organization—for this demonstration.

**a. Safeguarding Personally Identifiable Information (PII)**

No personally identifiable information, including SSNs, is being collected for this project. All information will be collected electronically using Computer-Assisted Telephone Interviewing (CATI). The information will be stored electronically in a Non-CMS system. DUA # 15692 is in place for collection and storage of claims data.

If you have questions about privacy impact assessments, contact Maribel Franey, Director, Division of Privacy Compliance, Office of Information Services.

**b. Social Security Numbers (SSN)**

Social Security Numbers (SSNs) are not being collected.

## REFERENCES

- Bodenheimer, Thomas, Jessica H. May, Robert A. Berenson, and Jennifer Coughlan. “Can Money Buy Quality? Physician Response to Pay for Performance.” Issue Brief no. 102. Washington, DC: Center for Studying Health System Change, December 2005.
- Iglehart, John K. “Linking Compensation to Quality—Medicare Payments to Physicians.” *New England Journal of Medicine*, vol. 353, no. 9, September 1, 2005, pp. 870–872.
- de Brantes, François. “Lessons Learned.” Presentation on the *Bridges to Excellence* Program at the Institute of Medicine, Washington, DC, May 4, 2005.
- Wilkin, John C., C. William Wrightson, David Knutson, Erika G. Yoshino, Anahita S. Taylor, and Kerry E. Moroz. “Medicare Care Management Performance Demonstration. Design Report.” Columbia, MD: Actuarial Research Corporation, January 5, 2007.

**APPENDIX A**  
**LEGISLATION**





**MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND  
MODERNIZATION ACT OF 2003**

**TITLE VI—PROVISIONS RELATING TO PART B**

**SUBTITLE D—ADDITIONAL DEMONSTRATIONS, STUDIES,  
AND OTHER PROVISIONS**

**SEC. 649. MEDICARE CARE MANAGEMENT PERFORMANCE DEMONSTRATION**

(a) ESTABLISHMENT.

(1) IN GENERAL.—The Secretary shall establish a pay-for-performance demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology and evidence-based outcomes measures for

- (A) promoting continuity of care;
- (B) helping stabilize medical conditions;
- (C) preventing or minimizing acute exacerbations of chronic conditions; and
- (D) reducing adverse health outcomes, such as adverse drug interactions related to polypharmacy.

(2) SITES.—The Secretary shall designate no more than 4 sites at which to conduct the demonstration program under this section, of which

- (A) 2 shall be in an urban area;
- (B) 1 shall be in a rural area; and
- (C) 1 shall be in a State with a medical school with a Department of Geriatrics that manages rural outreach sites and is capable of managing patients with multiple chronic conditions, one of which is dementia.

(3) DURATION.—The Secretary shall conduct the demonstration program under this section for a 3-year period.

(4) CONSULTATION.—In carrying out the demonstration program under this section, the Secretary shall consult with private sector and non-profit groups that are under taking similar efforts to improve quality and reduce avoidable hospitalizations for chronically ill patients.

(b) PARTICIPATION.

(1) IN GENERAL.—A physician who provides care for minimum number of eligible beneficiaries (as specified by the Secretary) may participate in the demonstration program under this section if such physician agrees, to phase in over the course of the 3-year demonstration period and with the assistance provided under subsection (d)(2)

(A) the use of health information technology to manage the clinical care of eligible beneficiaries consistent with paragraph (3); and

(B) the electronic reporting of clinical quality and outcomes measures in accordance with requirements established by the Secretary under the demonstration program.

(2) SPECIAL RULE.—In the case of the sites referred to in subparagraphs (B) and (C) of subsection (a)(2), a physician who provides care for a minimum number of beneficiaries with two or more chronic conditions, including dementia (as specified by the Secretary), may participate in the program under this section if such physician agrees to the requirements in subparagraphs (A) and (B) of paragraph (1).

(3) PRACTICE STANDARDS.—Each physician participating in the demonstration program under this section must demonstrate the ability

(A) to assess each eligible beneficiary for conditions other than chronic conditions, such as impaired cognitive ability and co-morbidities, for the purposes of developing care management requirements;

(B) to serve as the primary contact of eligible beneficiaries in accessing items and services for which payment may be made under the Medicare program;

(C) to establish and maintain health care information system for such beneficiaries;

(D) to promote continuity of care across providers and settings;

(E) to use evidence-based guidelines and meet such clinical quality and outcome measures as the Secretary shall require;

(F) to promote self-care through the provision of patient education and support for patients or, where appropriate, family caregivers;

(G) when appropriate, to refer such beneficiaries to community service organizations; and

(H) to meet such other complex care management requirements as the Secretary may specify.

The guidelines and measures required under subparagraph (E) shall be designed to take into account beneficiaries with multiple chronic conditions.

(c) PAYMENT METHODOLOGY.—Under the demonstration program under this section the Secretary shall pay a per beneficiary amount to each participating physician who meets or exceeds specific performance standards established by the Secretary with respect to the clinical quality and outcome measures reported under subsection (b)(1)(B). Such amount may vary based on different levels of performance or improvement.

(d) ADMINISTRATION

(1) USE OF QUALITY IMPROVEMENT ORGANIZATIONS.—The Secretary shall contract with quality improvement organizations or such other entities as the Secretary deems appropriate to enroll physicians and evaluate their performance under the demonstration program under this section.

(2) TECHNICAL ASSISTANCE.—The Secretary shall require in such contracts that the contractor be responsible for technical assistance and education as needed to physicians

enrolled in the demonstration program under this section for the purpose of aiding their adoption of health information technology, meeting practice standards, and implementing required clinical and outcomes measures.

(e) FUNDING.

(1) IN GENERAL.—The Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of the Social Security Act (42 U.S.C. 1395t) of such funds as are necessary for the costs of carrying out the demonstration program under this section.

(2) BUDGET NEUTRALITY.—In conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary estimates would have been paid if the demonstration program under this section was not implemented.

(f) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act (42 U.S.C. 1301 et seq.; 1395 et seq.) as may be necessary for the purpose of carrying out the demonstration program under this section.

(g) REPORT.—Not later than 12 months after the date of completion of the demonstration program under this section, the Secretary shall submit to Congress a report on such program, together with recommendations for such legislation and administrative action as the Secretary determines to be appropriate.

(h) DEFINITIONS.—In this section:

(1) ELIGIBLE BENEFICIARY.—The term “eligible beneficiary” means any individual who—

(A) is entitled to benefits under part A and enrolled for benefits under part B of title XVIII of the Social Security Act and is not enrolled in a plan under part C of such title; and

(B) has one or more chronic medical conditions specified by the Secretary (one of which may be cognitive impairment).

(2) HEALTH INFORMATION TECHNOLOGY.—The term “health information technology” means email communication, clinical alerts and reminders, and other information technology that meets such functionality, interoperability, and other standards as prescribed by the Secretary.



**APPENDIX B**  
**FEDERAL REGISTER NOTICE**



The Federal Register Notice will be submitted by CMS.





**APPENDIX C**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
ADVANCE LETTER—MEDICARE BENEFICIARIES**



**CMS LETTERHEAD**  
**ADVANCE LETTER—MEDICARE BENEFICIARIES**

[DATE]

[NAME AND ADDRESS]

Dear Mr./Ms. [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study called the Medicare Care Management Performance (MCMP) Demonstration. The purpose of the study is to learn about the quality of care Medicare beneficiaries with chronic illnesses receive and their health outcomes. Your name was selected for the study because Medicare records indicate that you have been treated for one of the chronic conditions that we are studying.

Mathematica Policy Research, Inc. (MPR), an independent research company, is conducting the study for CMS. As part of this important study, MPR will survey Medicare beneficiaries in different parts of the United States. This letter is to invite you to take part in this study.

Please help us by completing the enclosed questionnaire and returning it in the postage-paid envelope provided. Your participation is voluntary but we strongly encourage you to answer the questions in the survey because your experiences will help Medicare design and improve health care programs for persons who have health conditions similar to yours. The answers you provide will be kept strictly confidential and will be used only as part of this evaluation. The questionnaire should only take about 15 minutes to complete.

If you have any questions, or if you would prefer to complete the survey by phone, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Melanie Costas. A fact sheet providing additional information about the study is enclosed for your information. You can also visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf) for more information.

We look forward to including your valuable experience as a Medicare beneficiary in this study.

Sincerely,

CMS Privacy Officer

Enclosure

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|--|
| <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is <b>0938-XXXX</b>. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p> |
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**APPENDIX D**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
FACT SHEET FOR BENEFICIARIES**



## **MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION FACT SHEET**

### **WHAT IS THE MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION?**

The Medicare Care Management Performance Demonstration is a special study being sponsored by the Centers for Medicare & Medicaid Services (CMS). The study will look at the quality of care received by Medicare beneficiaries and their experiences receiving treatment for their health problems such as chronic artery disease (CAD), congestive heart failure (CHF), and diabetes.

### **WHAT IS CMS?**

CMS is the Centers for Medicare & Medicaid Services. CMS is the federal agency in charge of the Medicare and Medicaid programs.

### **WHO IS CONDUCTING THE STUDY?**

Mathematica Policy Research, Inc. (MPR) is an independent research company that was hired by CMS to conduct the MCMP study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for over 40 years. You can learn more about MPR by visiting its website at [www.mathematica-mpr.com](http://www.mathematica-mpr.com).

### **HAS THIS RESEARCH STUDY BEEN APPROVED BY THE GOVERNMENT?**

Yes, the MCMP Demonstration has been approved by the Office of Management and Budget (OMB). The OMB approval number is xxxx-xxx. The approval expires on DATE.

### **WILL MY PARTICIPATION IN THE STUDY AFFECT MY MEDICARE BENEFITS?**

No. Participating in the study will not affect your Medicare benefits now or at any time in the future.

### **WHAT HAPPENS IF I DO NOT PARTICIPATE IN THE SURVEY?**

Your participation is voluntary, but it is also important. Learning about your experience as a Medicare participant will help CMS improve the services provided by the Medicare program.

### **WILL MY INFORMATION BE KEPT CONFIDENTIAL?**

Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Your name will never be used in any reports.

### **HOW LONG WILL IT TAKE TO COMPLETE THE SURVEY?**

In a pretest, most people took between 10 and 15 minutes to complete the survey.

### **HOW DID YOU GET MY NAME?**

Your name was selected from among Medicare beneficiaries in your area.

### **WHO CAN I CONTACT FOR MORE INFORMATION?**

For more information about the survey, please call MPR toll-free at 1-XXX-XXXX and ask for Melanie Costas. You can also visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf) for more information.





**APPENDIX E**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
BENEFICIARY SURVEY**



**Medicare Care  
Management Performance (MCMP) Demonstration  
Beneficiary Survey**

***Draft***

**ABOUT THIS SURVEY**

The questions in this survey are about you, your health, and how you use health care services.

Most of the questions can be answered by simply checking a box. A few ask you to write in your answer.

All of your answers will be treated confidentially. Your responses will not change your Medicare coverage, other health benefits, or any premiums you pay.

If you do not know an answer, please write "DK" next to the question.

If you have questions about this survey or your participation in it, please call Julita Milliner-Waddell, the survey director, at 609-275-2206.

If you have difficulty answering the questions or would prefer to answer by telephone, please call 1-xxx-xxx-xxxx toll free and ask for Melanie Costas.

When you are finished, please return the questionnaire in the enclosed postage-paid envelope.

Thank you for your time and cooperation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## A. HEALTH STATUS

**A1. In general, would you say your health is excellent, very good, good, fair, or poor?**

MARK ONE ANSWER ONLY

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**A2. The next questions are about chronic health conditions you may have. Please mark "Yes" if a doctor has ever told you that you had any of the conditions listed below.**

|   | MARK ONE ANSWER PER ROW    |                            |
|---|----------------------------|----------------------------|
|   | Yes                        | No                         |
| a. Congestive heart failure (CHF) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Coronary artery disease (CAD) .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Other heart problems such as arteriosclerosis, myocardial infarction, heart attack, angina, or angina pectoris .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Diabetes or Diabetes mellitus.....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. A stroke .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Partial or complete paralysis .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Alzheimer's disease or dementia .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. A mental or psychiatric disorder other than Alzheimer's disease or dementia .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Any kind of cancer, malignancy, or non-benign tumor .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| j. Arthritis, including rheumatoid arthritis .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| k. Osteoporosis.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| l. Kidney disease.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| m. Lung conditions or breathing problems such as emphysema, asthma, or chronic obstructive pulmonary disease (COPD) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| n. Parkinson's disease .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| o. Other (Please list any other chronic conditions that a doctor has said you have. (A chronic condition is any condition that lasts for 3 months or more and has no known cure.) ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| _____   |                            |                            |
| _____   |                            |                            |

**A3. How would you rate your knowledge about your chronic health conditions and the factors that may affect these conditions in the future?**

MARK ONE ANSWER ONLY

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**A4. How would you rate your knowledge about what to do if problems or symptoms associated with your health conditions get worse?**

MARK ONE ANSWER ONLY

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

## **B. ACCESS TO CARE**

**B1. Do you have a doctor whom you see or a place you go regularly to receive medical care?**

- 1  Yes
- 0  No

**B2. A primary care physician is a doctor who provides regular basic care. A primary care physician can be a family or general practitioner, internist, or any specialist that provides regular basic care.**

**Do you have a primary care physician? Please include specialists if you see them for regular basic care.**

- 1  Yes
- 0  No → GO TO QUESTION B6

**B3. What is your primary care physician's name?**

\_\_\_\_\_

**B4. What is the name of the office or practice where you usually see your primary care physician?**

\_\_\_\_\_

**B5. How long have you been going to this primary care physician?**

MARK ONE ANSWER ONLY

- 1  Less than 1 year
- 2  Between 1 and 3 years
- 3  Between 3 and 5 years
- 4  More than 5 years

**GO TO QUESTION B11**

**B6. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?**

- 1  Yes
- 0  No → **GO TO QUESTION B11**

**B7. Please indicate the kind of place you usually go to if you are sick or need advice about your health.**

MARK ONE ANSWER ONLY

- 1  Doctor's office or HMO
- 2  Clinic or health center
- 3  Hospital outpatient department
- 4  Hospital emergency room
- 5  Urgent care center
- 6  Other type of place (*Please describe*)

\_\_\_\_\_

**B8. Is there one particular doctor or health care professional, such as a nurse or physician's assistant, that you usually see at this place?**

- 1  Yes
- 0  No → **GO TO QUESTION B11**

**B9. What is the name of the doctor or other health care professional that you usually see at this place?**

---

**B10. What is the name of the office or facility where you usually see this doctor or health care professional?**

---

**B11. The next questions are about health care you may have received during the past 12 months. During the past 12 months, how many times did you visit a physician or clinic?**

MARK ONE ANSWER ONLY

- 0  Never
- 1  1 to 2 times
- 2  3 to 5 times
- 3  6 to 10 times
- 4  More than 10 times

**B12. During the past 12 months, how many times did you go to an emergency room or urgent care center for medical attention?**

MARK ONE ANSWER ONLY

- 0  Never
- 1  1 to 2 times
- 2  3 to 5 times
- 3  6 to 10 times
- 4  More than 10 times



### C. HEALTH CARE PROCESSES

For these next questions please think about the last time you saw your doctor or other health care professional, such as a nurse or physician's assistant.

**C1. Please mark "Yes" if a doctor or other health care professional did any of the following things during your last visit.**

|  | MARK ONE ANSWER PER ROW    |                            |
|--|----------------------------|----------------------------|
|  | Yes                        | No                         |
| a. Measure your blood pressure.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Measure your height.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Measure your weight .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Ask if you have ever had a pneumonia vaccination .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Examine your heart and lungs with a stethoscope .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Examine your feet with a monofilament. This is a tool that looks like a piece of nylon line that is pressed against the skin. ....                            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Work with you to set goals for avoiding illness and staying healthy ....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Provide materials such as booklets, pamphlets, articles, or videotapes to help you understand your health or chronic condition or recommended treatments..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Explain what to expect with your health or illness in the future .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| j. Explain what to do if problems or symptoms continued, got worse, or came back.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**C2. During the past 12 months, has your doctor or other health care professional, such as a nurse or physician's assistant, advised you to do any of the following things?**

If a question does not apply to you, please mark "No".

|  | MARK ONE ANSWER PER ROW    |                            |
|--|----------------------------|----------------------------|
|  | Yes                        | No                         |
| a. Increase your physical activity or exercise.....                  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| If "YES", did you increase your physical activity or exercise? ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Quit smoking .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| If "YES", did you quit smoking? .....                                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Cut down on or quit drinking .....                                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| If "YES", did you cut down on or quit drinking? .....                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Cut down on salt in your diet.....                                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| If "YES", did you cut down on salt in your diet? .....               | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Eat fewer high fat or high cholesterol foods .....                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| If "YES", did you eat fewer high fat or high cholesterol foods?..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**C3. During the past 5 years, have you had a test for colon cancer such as a stool blood test, sigmoidoscopy, or colonoscopy?**

A stool blood test is done to detect hidden blood in the stool. A sigmoidoscopy is an internal exam of the *lower portion of the colon* using an instrument with a small camera attached to a flexible tube. A colonoscopy is an internal exam of the *entire colon* using an instrument with a small camera attached to a flexible tube. All three tests are used to view the colon for signs of cancer and other health problems.

- 1  Yes
- 0  No

**C4. During the past two years, did you receive a flu vaccination?**

- 1  Yes
- 0  No

**Please answer question C5 only if you have been diagnosed with diabetes.**

**C5. During the past 12 months, on average, how often have you examined your feet?**

MARK ONE ANSWER ONLY

- 1  Daily
- 2  5 or 6 days a week
- 3  3 or 4 days a week
- 4  1 or 2 days a week
- 5  Less than once a week
- 6  Never

**Please answer question C6 only if you have been diagnosed with congestive heart failure (CHF).**

**C6. During the past 12 months, on average, how often have you weighed yourself?**

MARK ONE ANSWER ONLY

- 1  Daily
- 2  5 or 6 days a week
- 3  3 or 4 days a week
- 4  1 or 2 days a week
- 5  Less than once a week
- 6  Never

## D. CARE COORDINATION

**D1. These next questions are about how your doctors share information about your care. During the past 12 months, was there ever a time when you thought your doctors did not talk to each other enough about your care?**

MARK ONE ANSWER ONLY

- Yes  
 No  
 One doctor only

**D2. If you were referred to a specialist during the past 12 months, did the specialist have the information he or she needed from your medical records?**

MARK ONE ANSWER ONLY

- Yes  
 No  
 Not referred to a specialist

**D3. During the past 12 months, has your doctor ever been unaware of results of tests or diagnostic procedures that another doctor had ordered?**

MARK ONE ANSWER ONLY

- Yes  
 No  
 No test results or procedures

## E. SATISFACTION WITH CARE

E1. Thinking about the past 12 months, please indicate how satisfied you were with the following aspects of the care you received from your doctor or other health care professional, such as a nurse or physician's assistant?

|  | MARK ONE ANSWER PER ROW    |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
|  | Very Satisfied             | Somewhat Satisfied         | Somewhat Dissatisfied      | Very Dissatisfied          |
| a. The amount of time your doctor or other health care professional spends with you during office visits? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. The attention that your doctor or other health care professional gives you during office visits (for example, not getting easily distracted by telephone calls or other patient needs)? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. How well your doctor or other health care professional explained what to expect with your health or illness in the future? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. The ability to talk to your doctor or other health care professional as soon as you need to, to get medical advice or help? ..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. The ability to get an appointment as soon as you want? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Your doctor's or other health care professional's knowledge about your health problems? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Reminders you may receive from your doctor or other health care professional to make or keep appointments for medical care? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Advice you may receive from your doctor or other health care professional about ways to avoid illness or stay healthy? ....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Your doctor's or other health care professional's involvement in your overall care? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Your doctor's or other health care professional's communication with other doctors or health care professionals about your medical care? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Overall quality of health care and services? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## F. BACKGROUND INFORMATION

### F1. What is the highest grade or year of school you have completed?

MARK ONE ANSWER ONLY

- 1  Did not complete high school or GED
- 2  High school: diploma
- 3  High school: GED
- 4  Some college or some vocational courses after high school
- 5  A vocational school diploma
- 6  2-year or 3-year college degree (Associate's Degree)
- 7  4-year college degree (Bachelor's Degree)
- 8  Some graduate work but no graduate degree
- 9  Graduate or professional degree (e.g., MA, MBA, Ph.D., JD, MD)
- 10  Other type of degree (*Please specify*)

\_\_\_\_\_

### F2. Is English your primary spoken language?

- 1  Yes → GO TO QUESTION F4
- 0  No

### F3. What is your primary spoken language?

\_\_\_\_\_

### F4. What is your current marital status?

MARK ONE ANSWER ONLY

- 1  Married
- 2  Single and living with partner
- 3  Separated
- 4  Divorced
- 5  Widowed
- 6  Never married

**F5. Please indicate which of the following best describes your household's composition.**

MARK ONE ANSWER ONLY

- 1  Live alone → **GO TO QUESTION F7**
  - 2  Live with a spouse only
  - 3  Live with a spouse and other relatives
  - 4  Live with other relatives
  - 5  Live with non-relatives
  - 6  Live in some other living arrangement (*Please describe*)
- 

**F6. How many people live in your household including yourself?**

|\_|\_| PEOPLE IN HOUSEHOLD

**F7. Please indicate whether you own your home, rent your home, or live in one of the other housing arrangements listed below.**

MARK ONE ANSWER ONLY

- 1  Own your home
  - 2  Rent your home
  - 3  Live with family or friends and pay part of the rent or mortgage
  - 4  Live with family or friends and not pay rent or a mortgage
  - 5  Live in a group shelter
  - 6  Live in an assisted living facility
  - 7  Live in some other housing arrangement (*Please describe*)
-

**F8. Which of the following best describes your current employment status?**

MARK ONE ANSWER ONLY

- 1  Working full-time
- 2  Working part-time
- 3  Not working, but not retired
- 4  Retired

**F9. Counting everyone in your household, what was your total household income in 2007?  
Please include wages, benefits, earnings, and all other sources of income.**

MARK ONE ANSWER ONLY

- 1  Less than \$10,000
- 2  \$10,000 or more, but less than \$20,000
- 3  \$20,000 or more but less than \$30,000
- 4  \$30,000 or more but less than \$40,000
- 5  \$40,000 or more but less than \$50,000
- 6  \$50,000 or more but less than \$75,000
- 7  \$75,000 or more but less than \$100,000
- 8  More than \$100,000

**Thank you for taking the time to complete this questionnaire. Please mail your completed survey in the pre-paid envelope provided. If you have misplaced your envelope, please mail it to:**

Julita Milliner-Waddell, Survey Director  
Medicare Care Management Performance (MCMP) Demonstration  
Mathematica Policy Research, Inc.  
600 Alexander Park  
Princeton, NJ 08543

**APPENDIX F**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
PHYSICIAN SURVEY—DEMONSTRATION PHYSICIANS**





**Medicare Care  
Management Performance (MCMP) Demonstration  
Physician Survey  
Demonstration Physicians**

***Draft***

**ABOUT THIS SURVEY**

This survey is being conducted by Mathematica Policy Research, Inc. (MPR) on behalf of the Centers for Medicare & Medicaid Services (CMS) as part of the Medicare Care Management Performance (MCMP) Demonstration project.

These questions are about your use of electronic medical records (EMRs) and the primary care services you provide to Medicare patients with chronic illnesses.

Most of the questions can be answered by simply marking a box. A few ask you to write in your answer. If you do not know an answer, please write "DK" next to the question.

We estimate that it will take about 10 minutes to complete the questionnaire.

All of your answers will be treated confidentially. Your responses will not affect your Medicare compensation.

If you have questions about this survey or your participation in it, please call Julita Milliner-Waddell, MPR's survey director, at 1-609-275-2206.

If you would prefer to complete the survey by telephone, please call 1-xxx-xxx-xxx toll free and ask for Melanie Costas.

When you have completed the questionnaire, please return it in the enclosed, postage-paid envelope.

Thank you for your time and participation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## A. Use of Electronic Medical Records

The first questions are about your use of health information technology. If you work out of multiple locations, please answer these questions for your primary ambulatory care location.

**A1. Electronic Medical Records (EMRs) are clinical information systems for tracking patient health information. EMRs allow you to document office visits, transmit prescription and laboratory test orders electronically, and perform other functions.**

Does your practice currently have an EMR system? Please include both full and partial EMR systems.

1  Yes

0  No → GO TO B1

**A2. How long ago did your practice acquire an EMR system?**

YEARS |\_\_|\_\_| MONTHS |\_\_|\_\_|

**A3. Do you use the EMR system to record and manage the care for any or all of your patients?**

1  Yes

0  No → GO TO A5

**A4. When did you start using your practice's EMR system?**

|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|  
MONTH YEAR

**A5. The following is a list of functions that may be available on your EMR system. Please indicate how often you use each of the functions or whether you plan to use the function within the next 12 months. If the function is not available on your system, please mark the last box in the row.**

| How often do you use your EMR system to perform the following functions?  | MARK ONE ANSWER PER ROW    |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|   | Routinely                  | Occasionally               | Not at All But Plan To     | Not at All and NO Plans To | Function Not Available     |
| a. Document office visits and patient medical history?.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Document patient medications? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Document communication with other health care providers, such as referrals to specialists or responses from pharmacists? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Enter orders for prescriptions? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Enter orders for laboratory, radiology, or diagnostic tests?.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Review test results? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Issue alerts for possible drug interactions? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Issue reminders to schedule preventive services? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Issue reminders to patients? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. Generate reports (for example, to identify patients overdue for services)? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**A6. How satisfied are you with the training you received on proper use of your EMR system?**

**MARK ONE ANSWER**

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Somewhat dissatisfied
- 4  Very dissatisfied
- 5  No training received

**A7. How satisfied are you with your EMR system's ability to meet your needs?**

**MARK ONE ANSWER**

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Somewhat dissatisfied
- 4  Very dissatisfied
- 5  Not applicable, have not used the system

## B. Barriers to Adoption and Use of EMRs

**B1. In the past 12 months, to what extent have the following factors been a barrier to adopting or expanding the use of EMRs in your practice?**

|  | MARK ONE ANSWER PER ROW    |                            |                            |
|--|----------------------------|----------------------------|----------------------------|
|  | Not a<br>Barrier           | Minor<br>Barrier           | Major<br>Barrier           |
| a. Start-up costs .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Maintenance costs .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Lack of time to acquire or set up the system .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Lack of computer skills among clinical or other staff .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Skepticism about effectiveness or usefulness of EMRs .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Reluctance to change processes already working well .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Lack of training or technical support .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. Patient privacy concerns .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| i. The amount of time necessary to use the system .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j. The time and ability to incorporate old records into the new system .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k. Lack of a leader who has both clinical and technical knowledge to spearhead the project of adopting an EMR system ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| l. Gathering consensus among physicians .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| m. Poor return on investment .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| n. Opposition to this style of practicing medicine .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| o. Limited or no interoperability—that is, other providers with whom you communicate do not have EMR systems .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**B2. During the past 12 months, have you been involved in efforts to assess your practice's technology needs?**

- 1  Yes  
0  No

## C. Caring for Medicare Patients with Chronic Illnesses

To answer the questions in this section, please think about experiences you have had in the past 12 months while caring for Medicare patients who have chronic illnesses including congestive heart failure, coronary artery disease, diabetes, and other chronic conditions.

**C1. How do you currently issue reminders to Medicare patients about routine preventive care?**

MARK ONE ANSWER

- 1  Reminders are issued using a computerized system
- 2  Reminders are issued using a manual system
- 3  Reminders are not currently issued; plan to implement in the next year
- 4  Reminders are not currently issued; no plan to implement in the next year

**C2. Compared to previous years, did you have more, fewer, or about the same number of office visits with each Medicare patient on average during the past 12 months?**

MARK ONE ANSWER

- 1  More visits
- 2  Fewer visits
- 3  About the same number of visits

**C3. Compared to previous years, has the average number of telephone conversations with your Medicare patients changed during the past 12 months?**

MARK ONE ANSWER

- 1  More telephone conversations now
- 2  Fewer telephone conversations now
- 3  No change; about the same number of telephone conversations

**C4. Compared to previous years, has the average number of email exchanges with your Medicare patients changed during the past 12 months?**

MARK ONE ANSWER

- 1  More email exchanges now
- 2  Fewer email exchanges now
- 3  No change, about the same number of email exchanges
- n  Do not exchange email with patients

**C5. In the past 12 months, how often have you encountered the following situations involving your Medicare patients with chronic illnesses who see other providers?**

|   | MARK ONE ANSWER PER ROW    |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | More Than 10 Times         | 5 to 9 Times               | 1 to 4 Times               | Never                      |
| a. Patients received the wrong drug, wrong dosage, or had a drug-drug interaction .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Patients underwent unnecessary or duplicate tests .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Other providers did not notify you of new or modified prescriptions .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Other providers did not give you timely feedback after referrals                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. You did not receive timely information after a hospitalization.....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. You did not have ready access to patient information during office visits or other encounters..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**C6. Still thinking about your Medicare patients with chronic illnesses, how satisfied are you with the following aspects of their care?**

|  | MARK ONE ANSWER PER ROW    |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
|  | Very Satisfied             | Somewhat Satisfied         | Somewhat Dissatisfied      | Very Dissatisfied          |
| a. The overall quality of care they receive? .....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Their receipt of recommended preventive services? .....                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. How well their care is coordinated across providers?.....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Your knowledge of their conditions and recommended preventive care? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Patients' knowledge of their conditions and recommended self-care? .....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Patients' adherence to recommended self-care? .....                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The amount of time you spend with patients in an average office visit?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Your Medicare reimbursement? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**C7. Compared to a year ago, how often do you do each of the following.**

|   | MARK ONE ANSWER PER ROW    |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | More Often                 | Less Often                 | About the Same             | Don't Do At All            |
| a. Produce data or reports on the number or percentage of your Medicare patients who are receiving guideline-recommended services? .....                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Identify your Medicare patients who have <i>not</i> received guideline-recommended services and encourage them to get the services? .....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Have ready access to information about Medicare patients' medical history, health conditions, and care plan during office visits and other encounters? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Review patient charts prior to office visits to flag any conditions or topics needing attention? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## D. Experiences with the MCMP Demonstration

**D1. Thinking about your participation in the MCMP demonstration during the past 12 months, please indicate whether you agree or disagree with the following statements about the MCMP demonstration.**

|   | MARK ONE ANSWER PER ROW    |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree          |
| a. The MCMP Demonstration targets important medical conditions? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. The MCMP Demonstration uses well-accepted, appropriate measures of care quality? .....                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. The MCMP Demonstration encourages adoption and use of EMRs? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. The MCMP Demonstration required a reasonable level of effort to <i>begin</i> reporting quality data? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. The MCMP Demonstration requires a reasonable level of effort to report annual quality data? .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. The MCMP Demonstration has easy-to-understand rules for rewarding quality care? .....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The MCMP Demonstration provides sufficient financial rewards? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**D2. During the past 12 months, how did MCMP affect the amount of time you spent educating Medicare patients with chronic illnesses about taking care of themselves?**

**MARK ONE ANSWER**

- 1  Increased the amount of time
- 2  Decreased the amount of time
- 3  No change

**D3. During the past 12 months, how did MCMP affect the amount of time you spent communicating with other health care providers about your Medicare patients with chronic illnesses?**

**MARK ONE ANSWER**

- 1  Increased the amount of time
- 2  Decreased the amount of time
- 3  No change



**D4. Please indicate how the following aspects of patient care have changed under MCMP.**

|   | MARK ONE ANSWER PER ROW    |                            |                            |
|---|----------------------------|----------------------------|----------------------------|
|   | Made Better                | Made Worse                 | No Change                  |
| a. The quality of your relationships with patients.....                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. The overall health of your patients. ....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Your patients' satisfaction with their health care. ....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Your adherence to recommended clinical practice guidelines or evidence-based medicine..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Your clinical decision making. ....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**D5. If your clinical decision making has been affected by your participation in the MCMP demonstration, please explain below.**

---



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**D6. During the past six months, how has participation in the MCMP demonstration affected the number of office visits made by your chronically ill Medicare patients?**

MARK ONE ANSWER

- 1  Visits have increased
- 2  Visits have decreased
- 3  No change → GO TO D8

**D7. Was this increase or decrease in office visits medically appropriate?**

- 1  Yes
- 0  No

**D8. Which of the following staff from your practice attended the kick-off meetings for MCMP in May or June 2007?**

**MARK ALL THAT APPLY**

- 1  Physicians
- 2  Physician Assistants
- 3  Nurse Practitioners
- 4  Registered Nurses
- 5  Administrators
- 6  Business Managers
- 7  Office Managers
- 8  Other (*Please specify*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- n  No one attended

**D9. Did you or anyone from your office participate in training calls hosted by CMS or the QIO (Lumetra, Health Insight, Masspro or Arkansas Foundation for Medical Care)?**

- 1  Yes
- 0  No

**D10. Would you recommend the MCMP demonstration to your colleagues?**

- 1  Yes
- 0  No

**D11. Please list the names of other pay-for-performance programs with which you have experience.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- n  No experience with other pay-for-performance programs → **GO TO E1**

**D12. How does MCMP compare to the other programs with which you have experience?**

- 1  Better
- 2  Worse
- 3  Neither better nor worse

Please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E. Demographic and Socioeconomic Characteristics

**E1. In an average week, about how many different Medicare patients do you see who have chronic illnesses?**

|\_|\_|\_| NUMBER OF MEDICARE PATIENTS  
WITH CHRONIC ILLNESSES

**E2. Are you able to speak with patients in a language other than English if the patient prefers?**

1  Yes → *(Please specify the languages you speak)*

\_\_\_\_\_

0  No

**E3. In what year did you begin medical practice?**

|\_|\_|\_|\_| YEAR

**E4. Are you male or female?**

1  Male

2  Female

**E5. Are you Board Certified?**

1  Yes

0  No

**E6. Are you of Hispanic or Latino origin?**

1  Yes

0  No

**E7. Which of the following categories best describes your race?**

**MARK ALL THAT APPLY**

1  White

2  Black or African-American

3  Asian

4  American Indian or Alaskan Native

5  Other *(Please specify)*

\_\_\_\_\_

**Thank you for taking the time to complete this questionnaire. Please mail your completed questionnaire in the pre-paid envelope provided. If you have misplaced your envelope, please mail it to:**

Julita Milliner-Waddell, Survey Director  
Medicare Care Management Performance  
(MCMP) Demonstration  
Mathematica Policy Research, Inc.  
600 Alexander Park  
Princeton, NJ 08543

**APPENDIX G**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
PHYSICIAN SURVEY—COMPARISON PHYSICIANS**



**Medicare Care  
Management Performance (MCMP) Demonstration  
Physician Survey  
Comparison Physicians**

***Draft***

**ABOUT THIS SURVEY**

This survey is being conducted by Mathematica Policy Research, Inc. (MPR) on behalf of the Centers for Medicare & Medicaid Services (CMS) as part of the Medicare Care Management Performance (MCMP) Demonstration project.

These questions are about your use of electronic medical records (EMRs) and the primary care services you provide to Medicare patients with chronic illnesses.

Most of the questions can be answered by simply marking a box. A few ask you to write in your answer. If you do not know an answer, please write "DK" next to the question.

We estimate that it will take about 10 minutes to complete the questionnaire.

All of your answers will be treated confidentially. Your responses will not affect your Medicare compensation.

If you have questions about this survey or your participation in it, please call Julita Milliner-Waddell, MPR's survey director, at 1-609-275-2206.

If you would prefer to complete the survey by telephone, please call 1-xxx-xxx-xxx toll free and ask for Melanie Costas.

When you have completed the questionnaire, please return it in the enclosed, postage-paid envelope.

Thank you for your time and participation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## A. Use of Electronic Medical Records

The first questions are about your use of health information technology. If you work out of multiple locations, please answer these questions for your primary ambulatory care location.

**A1. Electronic Medical Records (EMRs) are clinical information systems for tracking patient health information. EMRs allow you to document office visits, transmit prescription and laboratory test orders electronically, and perform other functions.**

Does your practice currently have an EMR system? Please include both full and partial EMR systems.

1  Yes

0  No → GO TO B1

**A2. How long ago did your practice acquire an EMR system?**

YEARS |\_\_|\_\_| MONTHS |\_\_|\_\_|

**A3. Do you use the EMR system to record and manage the care for any or all of your patients?**

1  Yes

0  No → GO TO A5

**A4. When did you start using your practice's EMR system?**

|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|  
MONTH YEAR

**A5. The following is a list of functions that may be available on your EMR system. Please indicate how often you use each of the functions or whether you plan to use the function within the next 12 months. If the function is not available on your system, please mark the last box in the row.**

| How often do you use your EMR system to perform the following functions?  | MARK ONE ANSWER PER ROW    |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|   | Routinely                  | Occasionally               | Not at All But Plan To     | Not at All and NO Plans To | Function Not Available     |
| a. Document office visits and patient medical history?.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Document patient medications? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Document communication with other health care providers, such as referrals to specialists or responses from pharmacists? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Enter orders for prescriptions? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Enter orders for laboratory, radiology, or diagnostic tests?.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Review test results? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Issue alerts for possible drug interactions? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Issue reminders to schedule preventive services? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Issue reminders to patients? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. Generate reports (for example, to identify patients overdue for services)? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**A6. How satisfied are you with the training you received on proper use of your EMR system?**

**MARK ONE ANSWER**

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Somewhat dissatisfied
- 4  Very dissatisfied
- 5  No training received

**A7. How satisfied are you with your EMR system's ability to meet your needs?**

**MARK ONE ANSWER**

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Somewhat dissatisfied
- 4  Very dissatisfied
- 5  Not applicable, have not used the system



## B. Barriers to Adoption and Use of EMRs

**B1. In the past 12 months, to what extent have the following factors been a barrier to adopting or expanding the use of EMRs in your practice?**

|  | MARK ONE ANSWER PER ROW    |                            |                            |
|--|----------------------------|----------------------------|----------------------------|
|  | Not a Barrier              | Minor Barrier              | Major Barrier              |
| a. Start-up costs .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Maintenance costs .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Lack of time to acquire or set up the system .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Lack of computer skills among clinical or other staff .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Skepticism about effectiveness or usefulness of EMRs .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Reluctance to change processes already working well .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Lack of training or technical support .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. Patient privacy concerns .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| i. The amount of time necessary to use the system .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j. The time and ability to incorporate old records into the new system .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k. Lack of a leader who has both clinical and technical knowledge to spearhead the project of adopting an EMR system ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| l. Gathering consensus among physicians .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| m. Poor return on investment .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| n. Opposition to this style of practicing medicine .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| o. Limited or no interoperability—that is, other providers with whom you communicate do not have EMR systems .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**B2. During the past 12 months, have you been involved in efforts to assess your practice's technology needs?**

- 1  Yes
- 0  No

## C. Caring for Medicare Patients with Chronic Illnesses

To answer the questions in this section, please think about experiences you have had in the past 12 months while caring for Medicare patients who have chronic illnesses including congestive heart failure, coronary artery disease, diabetes, and other chronic conditions.

**C1. How do you currently issue reminders to Medicare patients about routine preventive care?**

MARK ONE ANSWER

- 1  Reminders are issued using a computerized system
- 2  Reminders are issued using a manual system
- 3  Reminders are not currently issued; plan to implement in the next year
- 4  Reminders are not currently issued; no plan to implement in the next year

**C2. Compared to previous years, did you have more, fewer, or about the same number of office visits with each Medicare patient on average during the past 12 months?**

MARK ONE ANSWER

- 1  More visits
- 2  Fewer visits
- 3  About the same number of visits

**C3. Compared to previous years, has the average number of telephone conversations with your Medicare patients changed during the past 12 months?**

MARK ONE ANSWER

- 1  More telephone conversations now
- 2  Fewer telephone conversations now
- 3  No change; about the same number of telephone conversations

**C4. Compared to previous years, has the average number of email exchanges with your Medicare patients changed during the past 12 months?**

MARK ONE ANSWER

- 1  More email exchanges now
- 2  Fewer email exchanges now
- 3  No change, about the same number of email exchanges
- n  Do not exchange email with patients

**C5. In the past 12 months, how often have you encountered the following situations involving your Medicare patients with chronic illnesses who see other providers?**

| MARK ONE ANSWER PER ROW   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | More Than 10 Times         | 5 to 9 Times               | 1 to 4 Times               | Never                      |
| a. Patients received the wrong drug, wrong dosage, or had a drug-drug interaction .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Patients underwent unnecessary or duplicate tests .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Other providers did not notify you of new or modified prescriptions .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Other providers did not give you timely feedback after referrals                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. You did not receive timely information after a hospitalization.....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. You did not have ready access to patient information during office visits or other encounters..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**C6. Still thinking about your Medicare patients with chronic illnesses, how satisfied are you with the following aspects of their care?**

| MARK ONE ANSWER PER ROW   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | Very Satisfied             | Somewhat Satisfied         | Somewhat Dissatisfied      | Very Dissatisfied          |
| a. The overall quality of care they receive? .....                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Their receipt of recommended preventive services? .....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. How well their care is coordinated across providers? .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Your knowledge of their conditions and recommended preventive care? .....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Patients' knowledge of their conditions and recommended self-care? .....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Patients' adherence to recommended self-care? .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The amount of time you spend with patients in an average office visit? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Your Medicare reimbursement? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**C7. Compared to a year ago, how often do you do each of the following.**

| MARK ONE ANSWER PER ROW   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | More Often                 | Less Often                 | About the Same             | Don't Do At All            |
| a. Produce data or reports on the number or percentage of your Medicare patients who are receiving guideline-recommended services? .....                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Identify your Medicare patients who have <i>not</i> received guideline-recommended services and encourage them to get the services? .....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Have ready access to information about Medicare patients' medical history, health conditions, and care plan during office visits and other encounters? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Review patient charts prior to office visits to flag any conditions or topics needing attention? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## D. Demographic and Socioeconomic Characteristics

**D1. In an average week, about how many different Medicare patients do you see who have chronic illnesses?**

|\_|\_|\_| NUMBER OF MEDICARE PATIENTS WITH CHRONIC ILLNESSES

**D2. Are you able to speak with patients in a language other than English if the patient prefers?**

1  Yes → (Please specify the languages you speak)

\_\_\_\_\_

0  No

**D3. In what year did you begin medical practice?**

|\_|\_|\_|\_| YEAR

**D4. Are you male or female?**

1  Male

2  Female

**D5. Are you Board Certified?**

1  Yes

0  No

**D6. Are you of Hispanic or Latino origin?**

1  Yes

0  No

**D7. Which of the following categories best describes your race?**

MARK ALL THAT APPLY

1  White

2  Black or African-American

3  Asian

4  American Indian or Alaskan Native

5  Other (Please specify)

\_\_\_\_\_

**D8. Please list the names of any pay-for-performance programs with which you have experience.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

n  No experience with pay-for-performance programs

**Thank you for taking the time to complete this questionnaire. Please mail your completed questionnaire in the pre-paid envelope provided. If you have misplaced your envelope, please mail it to:**

Julita Milliner-Waddell, Survey Director  
Medicare Care Management Performance  
(MCMP) Demonstration  
Mathematica Policy Research, Inc.  
600 Alexander Park  
Princeton, NJ 08543



**APPENDIX H**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
ADVANCE LETTER—DEMONSTRATION PHYSICIANS**



**CMS LETTERHEAD**  
**ADVANCE LETTER—DEMONSTRATION PHYSICIANS**

[DATE]

[NAME AND ADDRESS]

Dear Dr. [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Medicare Care Management Performance (MCMP) Demonstration in which you are participating. The purpose of the study is to evaluate the demonstration's impact on physicians' ability to meet the needs of Medicare beneficiaries through the use of health information technology (HIT) and evidence-based outcome measures.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS. As part of this study, MPR will survey approximately 1,600 physicians across the United States about their use of HIT. Half of these physicians will be from practices that are participating in the demonstration, and half will be from comparison practices that are not participating in the demonstration.

Your participation in the survey is essential in helping us evaluate the demonstration's impact for CMS. Please complete the enclosed questionnaire and return it in the postage paid envelope provided. In a pretest, physicians took an average of 10 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practices' name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by telephone, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Melanie Costas. An interviewer from MPR will follow up with you in a couple of weeks to answer any questions you might have or to schedule an appointment to complete the survey with you by telephone if you haven't already done so. If you would like to learn more about the study, please visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf).

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





**APPENDIX I**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
ADVANCE LETTER—COMPARISON PHYSICIANS**



**CMS LETTERHEAD**  
**ADVANCE LETTER – COMPARISON PHYSICIANS**

[DATE]

[NAME AND ADDRESS]

Dear Dr. [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a three-year demonstration called the Medicare Care Management Performance (MCMP) Demonstration. The goals of the demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of health information technology (HIT) among physicians who serve Medicare beneficiaries. Currently, the demonstration is operating in four states: California, Arkansas, Massachusetts, and Utah.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting a study of MCMP for CMS. The purpose of the study is to evaluate the demonstration's impact on physicians' ability to meet the needs of Medicare beneficiaries through the use of health information technology (HIT) and evidence-based outcome measures.

As part of this study, MPR will survey approximately 1,600 physicians across the United States about their use of HIT. Half of these physicians will be from practices that are participating in the demonstration, and half will be from comparison practices that are not participating in the demonstration. This letter is to invite you to participate in the survey as a comparison physician.

Your participation in the survey is voluntary, but important. In order to evaluate the impact of the demonstration, both participating and non-participating practices are needed. Please complete the enclosed questionnaire and return it in the postage paid envelope provided. In a pretest, physicians took an average of 10 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practices' name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by telephone, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Melanie Costas. An interviewer from MPR

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will follow up with you in a couple of weeks to answer any questions you might have or to schedule an appointment to complete the survey with you by telephone if you haven't already done so.

If you would like to learn more about the study, please visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf).

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

**APPENDIX J**

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION  
FACT SHEET—COMPARISON PHYSICIANS**



**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP)  
DEMONSTRATION FACT SHEET  
(WILL BE SENT ONLY TO COMPARISON PHYSICIANS)**

**WHAT IS THE MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION?**

Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires the Secretary of the U.S. Department of Health and Human Services to establish a *pay-for-performance* demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. The Medicare Care Management Performance (MCMP) Demonstration is one of these demonstration programs. MCMP is being sponsored by the Centers for Medicare & Medicaid Services (CMS).

**WHAT ARE THE GOALS OF THE DEMONSTRATION?**

The goals of the three-year demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of HIT. The specific objectives are to promote continuity of care, help stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes.

**WHICH STATES ARE PARTICIPATING IN THE DEMONSTRATION?**

Solo and small- to medium-sized practices in Arkansas, California, Massachusetts, and Utah were eligible to apply for participation in MCMP.

**WHY ARE YOU CONTACTING NON-PARTICIPATING PRACTICES?**

The evaluation is utilizing a *comparison group* (or *quasi-experimental*) design for the impact analysis. To identify the comparison group, Doctor's Office Quality-Information Technology (DOQ-IT) practices in selected non-demonstration states that match most closely to those in the demonstration states were selected.

**WHO IS CONDUCTING THE STUDY?**

Mathematica Policy Research, Inc. (MPR) is an independent research company that was hired by CMS to conduct the MCMP study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for over 40 years. You can learn more about MPR by visiting its website at [www.mathematica-mpr.com](http://www.mathematica-mpr.com)

**WILL MY INFORMATION BE KEPT CONFIDENTIAL?**

Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Neither your name nor your practices' name will ever be used in any reports.

**HOW LONG WILL THE DEMONSTRATION RUN?**

The demonstration began operations on July 1, 2007, and will end in June 2010.

**HOW LONG WILL IT TAKE TO COMPLETE THE SURVEY?**

Physicians who participated in a pretest took an average of 10 minutes to complete the questionnaire.

**HOW DID YOU GET MY NAME?**

Your name was selected from among physicians who serve Medicare beneficiaries in your area.

**WHO CAN I CONTACT FOR MORE INFORMATION?**

For more information about the demonstration, please visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf).

For more information about the survey, please call MPR toll-free at 1-XXX-XXX and ask for Melanie Costas.