SUPPORTING STATEMENT

Part A

CAHPS Field Test of Proposed Health Information Technology Questions and Methodology

May 2009 (Revised 13 October 2009)

Agency for Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that Make the Collection of Information Necessary

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

1. Research that develops and presents scientific evidence regarding all aspects of health care; and

2. The synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

3. Initiatives to advance private and public efforts to improve health care quality.

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

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

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

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

of the planned module is to examine in greater detail than previously patients' perspective on their use of, and their health care providers' use of health information technology. The intent of the new module is to provide information to clinicians, group practices, health plans, and other interested parties regarding the impact of the use of health information technology on patients' experiences with care. The set of questions about health information technology will be tested as a part of CAHPS ® Clinician & Group Survey, Adult Primary Care Questionnaire.

2. Purpose and Use of Information

This study is a one-time field test to be conducted in calendar years 2009 and 2010. The primary purpose is to assess the usability of the new items with respondents who have some experience using health information technologies. Specifically the field test has the following aims:

a. Analysis of revised item wording – Assess candidate wordings for survey items

b. Mode Analysis— Evaluate the equivalence of items administered by mail, telephone, and internet; compare the characteristics and responses of respondents who complete the survey by different modes of administration.

c. Case mix adjustment analysis – Evaluate variables that need to be considered for case mix adjustment of scores.

d. Psychometric Analysis—Provide information for the revision and shortening of questionnaires based on the assessment of the reliability and validity of survey items and composites.

e. Test a 4-point vs. a 6-point response scale—The CAHPS Clinician & Group Survey will test both a 4-point response scale (Never, Sometimes, Usually, Always; see Attachment B1) and a 6-point response scale (Never, Almost never, Sometimes, Usually, Almost Always, Always; see Attachment B2) . For those sites already employing the 6-point response scale, a subset of questions will be repeated using the 4-point scale. This will allow comparison of item performance within a site across both versions of the response scale, and collect data that can be used to inform comparison of data collected using the two versions of the response scales.

f. Incentive experiment—Provide information on the effectiveness of a post-paid, $5 incentive as a mechanism to enhance response by randomizing half the sample at one site to an experiment in which a post-paid incentive of $5 is provided for completing the survey.

The end result will be a data collection related to the assessment of patients' perspective on their own use of health information technology and on how well health information technology is being used by health care professionals. The field testing will ensure that the future data collection yields high quality data and to ensure a minimization of

respondent burden, increase agency efficiency, and improve responsiveness to the public. The survey items will be added to currently available CAHPS ® surveys and will provide a venue to clinicians and practitioners to verify the quality of their services.

3. Use of Improved Information Technology

Testing will be done using the Internet, mail and telephone survey modes of administration. For those assigned to internet administration an email invitation will be sent that includes an invitation to participate along with a URL link to a web-based survey hosted on a secure server (see Attachment C; all of the cover letters, advance letters, reminder letters and telephone introduction script are included in Attachment C). The health providers will be divided between RAND's Survey Research Group and the Center for Survey Research, University of Massachusetts, Boston (CSR). RAND will use the software CfMC to administer the survey, while CSR will use Snap software.

4. Efforts to Identify Duplication

Work carried out under this clearance will be designed to reflect specific customer population needs for which the work is being conducted and will not duplicate any other survey/questionnaire design or pretest work being done by AHRQ or other Federal agencies. During the development of these voluntary instruments, groups within and outside of AHRQ will be consulted. Plans to conduct surveys will be reviewed prior to implementation, and any potential duplication will be identified in the review and approval process.

5. Involvement of Small Entities

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

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

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

6. Consequences if Information Collected Less Frequently

This is a one-time field test data collection.

7. Special Circumstances

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

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

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on March 31st, 2009 for 60 days..

9. Payments/Gifts to Respondents

A randomly selected subsample of 50% of the participants in one of the field sites will be offered a $5 gift certificate for completing the survey in order to evaluate the impact on participation rates. No other payments or gifts will be given to respondents.

10. Assurance of Confidentiality

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

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

11. Questions of a Sensitive Nature

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

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden for the respondents' time to participate in this data collection. The CAHPS ® Clinician & Group Survey, Adult Primary Care Questionnaire will be completed by about 7,200 persons. The estimated response time of 20 minutes is based on the written length of the survey and AHRQ's experience with previous CAHPS® surveys of comparable length that were fielded with a similar, although not identical, population. The total burden hours are estimated to be 2,400 hours.

Exhibit 2 shows the respondents' cost burden associated with their time to participate in this data collection. The total cost burden is estimated to be $46,944.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
CAHPS ® Clinician & Group Survey, Adult Primary Care Questionnaire	7200	1	20/60	2400
Total	7200	1	na	2400

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
CAHPS ® Clinician & Group Survey, Adult Primary Care Questionnaire	7200	2400	$19.56	$46,944
Total	7200	2400	**na**	$46,944

*Based upon the average wages, "National Compensation Survey: Occupational Wages in the United States, May 2007," U.S. Department of Labor, Bureau of Labor Statistics.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

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

14. Estimates of Annualized Cost to the Government

The total cost to the Federal Government for developing the Health Information Technology questions, and testing them within the CAHPS ® Clinician & Group Survey, Adult Primary Care Questionnaire, is $780,000, including the cost of reviewing the

literature, conducting focus groups and cognitive interviews, field testing the instrument, analyzing the data, finalizing the survey, preparing reports, writing papers for journal submission, and project management (see Exhibit 3).

Exhibit 3. Estimated Cost

Cost Component	Total Cost
Review of literature	$35,000
Focus groups	$60,000
Cognitive interviews	$80,000
Field test	$260,000
Data analyses	$80,000
Finalize survey	$50,000
Preparation of reports and journal papers	$85,000
AHRQ project management	$130,000
Total	$780,000

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

The purpose of this project is to revise and shorten the CAHPS® Health Information Technology Survey items, to compare characteristics of respondents and evaluate the equivalence of items administered by mode of administration, and to assess case mix adjustment approaches. The data will be used internally by the design team in order to achieve these goals. Additionally, a journal publication is planned to inform the public about issues identified during the process of the CAHPS Health Information Technology questions development and testing.

The forecasted timeline is as follow:
Field testing – 120 days from the date of OMB approval
Field testing data analysis – 70 days from the date of completing field testing
Analysis report – 30 days from the date of completing data analysis
Journal publication – 105 days from the date of completing analysis report

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.