

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and the clarity of information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Steven Alves, Website Programs Specialist, Office of Intramural Training and Education, OD, NIH, Building 2, Room 2E06, 2 Center Drive MSC 0240, Bethesda, MD 20892-0240, or call non-toll-free number 301-402-1294, or e-mail your request, including your address to: alvess@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: June 9, 2009.

Sharon Milgram,

Director, Office of Intramural Training & Education, National Institutes of Health.

[FR Doc. E9-14156 Filed 6-15-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "CAHPS Field Test of Proposed Health

Information Technology Questions and Methodology." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on March 31, 2009 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment. This notice differs from the 60-day notice in the following ways: (1) The number of respondents has been increased from 4,800 to 7,200; (2) the burden hours are increased from 1,600 to 2,400; (3) an incentive experiment has been added; and (4) an experiment testing the use of a 4-point vs. 6-point response scale has been added.

DATES: Comments on this notice must be received by July 16, 2009.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's Desk Officer) or by e-mail at

OIRA_submission@omb.eop.gov (attention: AHRQ's Desk Officer). Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

"CAHPS Field Test of Proposed Health Information Technology Questions and Methodology"

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 health information technology use by their health care professionals. 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.

This study, funded through cooperative agreements with RAND and Harvard, is being conducted pursuant to AHRQ's statutory authority to conduct research and evaluations on health care and systems for the delivery of such care, including activities with respect to (1) the quality, effectiveness, efficiency, appropriateness and value of health care services and (2) health care technologies, facilities and equipment. See 42 U.S.C. 299a(a)(1) and (5).

This study is a one-time field test to be conducted in calendar year 2009. The field test to be conducted under this request will be done for the following purposes:

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) and a 6-point response scale

(Never, Almost Never, Sometimes, Usually, Almost Always, Always). 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 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.

Method of Collection

Respondents will be selected from six purposively chosen sites (health care providers and health insurance plans) that have implemented health information technology systems, such as electronic health records (EHRs) and electronic prescription refills, that are used by sufficient numbers of enrollees (*i.e.*, at least 2400 enrollees per site). From each site the potential respondent universe will be patients who have been receiving care from a clinician at the health provider for at least one year prior to the survey and who have used

one or more features of the health providers' EHR system. EHR systems managers have the ability to track which patients log on to the system, and which features (*e.g.*, examine lab results, request prescription refill, etc.) the patients used. The sample selection at each site will be carried out jointly by senior leadership at the site (*e.g.*, chief information officer) and a survey vendor experienced in conducting the CAHPS survey. We will ask the sites to provide a list of their enrollees who have seen a provider in the last 12 months and who have logged onto the EHR system in the last 12 months. We will randomly select a sample of these enrollees for the field test. We will use common statistical techniques to select the sample, *e.g.*, computerized random number generation applied to a list of enrollees. When possible, we will stratify the enrollees at a site based on extent of HIT exposure to ensure a mix of different enrollees in the study (*e.g.*, enrollees who use many HIT functions versus those who use few HIT functions). Institutional Review Boards (IRBs) at Harvard and RAND evaluated the study to ensure proper protection of patients' right to privacy and confidentiality as well as avoidance of harm. The study received approvals from both IRBs.

The draw will be a sample large enough to yield approximately 7,200 respondents. Because we are assuming a 50% response rate, we will draw approximately 14,400 patients to achieve our total of 7,200 respondents.

Sites to be selected will meet the following requirements:

- As much geographic distribution as possible;
- Substantial number of patients with exposure to health information technology.

We anticipate a mixed mail-telephone mode of data collection which will include the following steps:

- Mailing an advance notification letter;
- Mailing of the questionnaire and cover letter;
- Postal card reminder;
- A second mailing of the questionnaire to non-respondents;
- Minimum of six telephone calls to every mail non-respondent approximately two weeks after the final mailing to complete a telephone interview.

We will also administer the survey by internet to some of the study participants. For those assigned to internet administration an e-mail 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. Sites 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.

Estimated Annual Respondent Burden

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	7,200	1	20/60	2,400
Total	7,200	1	na	2,400

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	7,200	2,400	\$19.56	\$46,944

EXHIBIT 2. ESTIMATED ANNUALIZED COST BURDEN—Continued

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Total	7,200	2,400	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.

Estimated Annual Costs to the Federal 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). Data collection will not exceed one year.

EXHIBIT 3. ESTIMATED ANNUAL 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

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and

included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 4, 2009.
Carolyn M. Clancy,
Director.
 [FR Doc. E9–14080 Filed 6–15–09; 8:45 am]
BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: “2010–2011 Medical Expenditure Panel Survey Insurance Component.” In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by August 17, 2009.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at doris.lefkowitz@ahrq.hhs.gov.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

2010–2011 Medical Expenditure Panel Survey Insurance Component

AHRQ seeks to renew the Medical Expenditure Panel Survey Insurance Component (MEPS–IC) for calendar years 2010 and 2011. The MEPS–IC, an annual survey of the characteristics of employer-sponsored health insurance, was first conducted by AHRQ in 1997 for the calendar year 1996. The survey has since been conducted annually for calendar years 1996 through 2009, except for 2007. A change from prior year collection to calendar year collection in 2008 meant that no data were collected for the 2007 calendar year, but the change has allowed for much earlier release of the survey results for the 2008 calendar year forward. AHRQ is authorized to conduct the MEPS–IC pursuant to 42 U.S.C. 299b–2.

Employment-based health insurance is the source of coverage for over 90 million workers and their family members, and is a cornerstone of the current U.S. health care system. The MEPS–IC measures the extent, cost, and coverage of employment-based health insurance. Statistics are produced at the National, State, and sub-State (metropolitan area) level.

The MEPS–IC is designed to provide data for Federal policymakers evaluating the effects of National and State health care reforms. It also provides descriptive data on the current employment-based health insurance system and data for modeling the differential impacts of proposed health policy initiatives. The MEPS–IC also supplies critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product. Data to be collected from each employer will include a description of the organization (e.g., size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs and costs to employees. This survey will be conducted for AHRQ by the Bureau of the Census using an annual sample of employers selected from Census Bureau lists of private sector employers and governments.