

SUPPORTING STATEMENT

Part A

**Health Literacy Item Set Supplemental to CAHPS Hospital Survey -
Pretest of Proposed Questions and Methodology
0935-0124**

October 2009

Agency of Healthcare Research and Quality (AHRQ)

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Attachments:

Attachment A: AHRQ's Authorizing Legislation

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

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

A. Justification

1. Circumstances that Make the Collection of Information Necessary

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

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

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

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multi-year initiative. 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 a literature review and an assessment of currently available questionnaires, AHRQ identified the need to develop a health literacy module for the CAHPS® Hospital Survey. The intent of the planned module is to examine patients' perspectives on how well health information is

communicated to them by healthcare professionals in the hospital setting. The objective of the new module is to provide information to health plans, hospitals, clinicians, group practices, and other interested parties regarding quality of health information delivered to patients. The set of questions about health literacy will be evaluated as supplement to the CAHPS ® Hospital Survey.

2. Purpose and Use of Information

This study is a one-time field test to be completed in the calendar years 2009 and 2010. The field test to be conducted under this request will be done for the following purposes:

- a. Analysis of item wording – Assess candidate wordings for items
- b. Analysis of participation rate— Evaluate the overall response rate and the proportion of that obtained from mail versus telephone modes of data collection.
- 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 of the health literacy item set based on the assessment of the reliability and validity.

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

3. Use of Improved Information Technology

The field test will be conducted using mail and telephone survey modes of data collection as is done for other CAHPS® surveys.

4. Efforts to Identify Duplication

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

5. Involvement of Small Entities

Survey respondents are consumers of health care services offered by hospitals.

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 reduction of the number of items 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), the notice was published in the Federal Register on May 13, 2009.

9. Payments/Gifts to Respondents

No payment or gift 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.

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 Hospital Survey Health Literacy Module will be completed by about 1,000 persons. The estimated response time of 25 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 similar samples. The total burden hours are estimated to be 417 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 \$8,157.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
Mail survey with reminder card, mail and phone follow-up	1,000	1	25/60	417
Total	1,000	1	na	417

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Mail survey with reminder card, mail and phone follow-up	1,000	417	\$19.56	\$8,157
Total	1,000	417	na	\$8,157

*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 for the contracted service is approximately \$245,000 and the cost for AHRQ staff to oversee the project is \$50,000, including benefits. The project was initiated in October of 2008 and it is forecasted that it will be completed in 18 months. It is estimated that the total cost of the project is approximately \$295,000. The annualized cost of the project is approximately \$196,669.

Exhibit 3. Estimated Cost

Cost Component	Total Cost	Annualized Cost
Review of literature	\$20,000	\$13,334
Cognitive interviews	\$60,000	\$40,000
Field test	\$90,000	\$60,000
Data analyses	\$40,000	\$26,667
Finalize survey	\$35,000	\$23,334
AHRQ project management	\$50,000	\$33,334
Total	\$295,000	\$196,669

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

There are no plans for publication of the results of this field test. The purposes of this survey effort are to revise the Health Literacy item set, to evaluate participation rates by mail and by telephone, and to assess case mix adjustment variables. The data will be used internally by the design team in order to achieve these goals.

The forecasted timeline is as follow:

Field testing completed within 120 days from the date of OMB approval

Final analysis report and survey instrument – 30 days from the date of completing field testing

Dissemination plan – end of March 2010

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.