

MEMORANDUM

Date July 7, 2010
Subject OCSQ Meeting with OMB concerning PRA for
Mathematica QIO Program Evaluation

Per the request of OMB for follow up concerning OMB-0938-New; OCSQ notes the following:

I. NEED FOR INDEPENDENT EVALUATION.

The Institute of Medicine (IOM) in 2006 completed an extensive review of the QIO Program and found that independent periodic evaluations of the QIO program as a whole should be required.¹ Furthermore, evaluations need to look at systems and program management as well as impact.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Services (DHHS) contracted with the National Opinion Research Center (NORC) to produce an outline of evaluation methodologies for the QIO Program.²

The GAO in May of 2007, responding to a request from the Senate Finance Committee stated that the CMS Administrator, "improve monitoring and evaluation of QIO activities."³

II. THE FOLLOWING DOCUMENTS ARE ATTACHED:

Federal Register Notices required under PRA for OMB-0938-New
Federal Register Notice October 9, 2009
Federal Register Notice December 18, 2009

Previous QIO evaluations

Jencks et al. JAMA October 4, 2000

Jencks et al. JAMA January 15, 2003

Rollow et al. Annals of Internal Medicine September 5, 2006

Mathematica, Assessment of the Eighth Scope of Work of the Medicare Quality Improvement Organization Program. March 2009

Sutton J., Silver, L., Hammer, L. and Infante, A. 2007. "Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work." Final report. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.

Design Report

¹ Institute of Medicine. Medicare's Quality Improvement Organization Program: Maximizing Potential. IOM. Washington DC March 2006

² Sutton J., Silver, L., Hammer, L. and Infante, A. 2007. "Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work." Final report. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.

³ GAO, Nursing Homes, Federal Actions Needed to Improve Targeting and Evaluation of Assistance by Quality Improvement Organizations. May 2007

Mathematica, Program Evaluation of the 9th Scope of Work QIO Organization
Program: Evaluation Methodology, Conceptual Framework, and State Specific
Provider Environment Task. April 29, 2010

The PRA application shows the following six surveys. In the course of work with Mathematica, CMS has determined that surveys four and five can be reduced by 20% and survey six can be eliminated without undue impact to the evaluation.

SURVEY 1.

QIO SURVEY RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
QIO Director	53	1	0.5	26.5	\$36.53	\$1,936
Theme Leader	342	1	0.75	256.5	\$36.05	\$12,329

SURVEY 2.

HOSPITAL SURVEY RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
Hospital QI Director	1,250	1	0.5	625.0	\$16.50	\$20,625

SURVEY 3.

NURSING HOME SURVEY RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
Nursing home administrator	1,250	1	0.33	412.5	\$12.37	\$15,462

SURVEY 4. The following survey reduced by 20% in the recent contract modification.

CASE STUDY DISCUSSIONS RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
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QIO staff, selected health care organizations they work with, and community health leaders	360	1	0.8	326.4	\$38.46	\$13,846
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SURVEY 5. The following survey reduced by 20% in the recent contract modification.

DISCUSSIONS WITH QIO PARTNER ORGANIZATIONS RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
Key contacts at health care organizations partnered with the QIO – full discussions	176	1	.8	141	\$30.77	\$5,416
Key contacts at partnered organizations – screened, no full discussion	24	1	.1	2.4	\$3.85	\$92.40

SURVEY 6. The following survey taken out of work in the recent contract modification.

FOCUS GROUP DISCUSSIONS WITH MEDICARE BENEFICIARIES RESPONSE BURDEN Respondent	Number of Respondents	Frequency of Response	Hours per Response	One-Time Hour Burden	Cost per Response	One-Time Cost Burden
Beneficiary	40	1	1.5	60	\$30.70	\$1,228