August 2010

Evaluation of the Medicare Gainsharing Demonstration

Physician Focus Groups

Office of Management and Budget (OMB) Clearance Package and Data Collection Instrument

Prepared for

William Buczko, PhD
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
Central Bldg. C3-20-14 / Mail Stop C3-19-26
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by

Leslie M. Greenwald, PhD
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

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Supporting Statement
Evaluation of the Medicare Gainsharing Demonstration

by Leslie Greenwald, PhD, Project Director

Federal Project Officer: William Buczko, PhD

RTI International

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A. BACKGROUND

The proposed physician focus groups are part of an overall evaluation of the Centers for Medicare and Medicaid Services (CMS)'s congressionally mandated Medicare Gainsharing Demonstration. The Congress, under Section 5007 of the Deficit Reduction Act (DRA) in 2005 required that CMS conduct a qualified gainsharing program to test alternative ways that hospitals and physicians can share in efficiency gains. The primary goal of the demonstration is to evaluation gainsharing as means to align physician and hospital incentives to improve quality and efficiency.

At time of implementation in October 2008, two sites were participating in the demonstration:

- Beth Israel Medical Center (BIMC), New York, New York
- Charleston Area Medical Center (CAMC), Charleston, West Virginia

Congress has approved an extension of the demonstration through September 30, 2011. BIMC will continue implementation during the extension period. CAMC decided to withdraw from the evaluation as of December 2009. An evaluation of the Medicare Gainsharing Demonstration is required by Congress under the demonstration's enabling legislation. The evaluation will address a range of research questions. Those key research questions are the following:

What is the impact of the gainsharing model on hospital efficiency?

What is the impact of the gainsharing model on physician practice patterns?

What is the impact of the gainsharing model on Medicare expenditures?

What is the impact of the gainsharing model on quality of care?

What is the impact of the gainsharing model on beneficiary satisfaction?

The evaluation will analyze the impacts of gainsharing on Medicare expenditures using primarily claims and site supplied cost and use data, and will consider many elements of hospital efficiency, physician practice pattern, quality of care and beneficiary satisfaction using claims and other administrative data. However, since physicians are the primary drivers of care, we need to conduct focus groups with demonstration participating and non-participating physicians to gather feedback on how the demonstration impacts overall hospital efficiency, physician practice patterns, and quality of care. The focus groups will provide important background, contextual information and insights that will help inform our analysis. It is particularly critical to discuss the impacts of gainsharing on beneficiary satisfaction with the physicians who treat and interact with patients since there are few other available sources of information on this subject available to the evaluation team.

Findings from the evaluation will be used to support two mandated Reports to Congress.

A.1 Need and Legal Basis

The Medicare Gainsharing Demonstration was mandated by Congress, under Section 5007 of the Deficit Reduction Act (DRA) in 2005. The focus group data collected will be needed for two Congressionally mandated Reports to Congress. The mandated Reports to Congress require CMS to consider a number of evaluation issues including the impacts of the gainsharing demonstration on Medicare program quality of care and costs. The primary analyses for these mandated evaluation reports will be based on analyses using Medicare claims and other site-supplied quality and cost information. However, the demonstration evaluation and Reports to Congress must also supplement these analyses with contextual information that describes how actual providers viewed the operation of the demonstration and its impacts on costs and quality. Since Medicare demonstrations and other projects that deviate from the normal statutory Medicare regulations are undertaken on a voluntary basis by participating providers, and therefore can be operated only with this voluntary participation of physicians, understanding what worked and what could be improved operationally is critical to CMS and Congress in determining whether the gainsharing demonstration model should be expanded under Medicare, and if so, with what modifications. Particular areas of administrative and operational feasibility to be discussed during the physician focus groups include comments on the processes by which physician incentive payments were determined and made. A critical element of the gainsharing model assumes that these incentive payments will change physician behavior towards more efficient models of care. These behavioral changes can be examined to some extent by detecting shifts in utilization patterns in the demonstration versus control sites. That said, the interpretation of these quantitative analysis will be greatly enhanced by the contextual information offered by physicians during the focus groups discussion. The physician focus groups will therefore be used to interpret and gather contextual information on how the underlying systems of the gainsharing models operated and the results will be included in the administrative feasibility sections of the demonstration evaluation Reports to Congress. Aside from conducting these focus groups, there is no other way to gather this operational and contextual information from physicians in the time frames necessary for the mandatory reporting.

The physician focus groups will also be used to supplement the quality and cost impact quantitative analysis by gathering physician's perceptions of how the quality of care and costs were affected under the project. Physician feedback during the focus groups can provide information on whether cost savings were achieved using new internal procedural, patient care or other systems that placed an increased (or decreased) burden on direct care providers such as physicians. Physicians are also in a unique position to provide feedback on whether the gainsharing model as implemented in these demonstrations achieved a true collaboration between physicians and hospitals that resulted in positive impacts on cost and quality. Finally, physicians are in a unique position to observe whether the efficiency goals set under each gainsharing model has had small but important impacts on quality of care and patient satisfaction that may not be observable using the quantitative data available. Therefore, in addition to providing contextual information on administrative and operational feasibility, the physician focus groups will also provide critical feedback on the quality of care and cost impacts that will be used to supplement and interpret the claims and other data analyses.

To summarize, the physician focus groups to be conducted under the Medicare Gainsharing Demonstration evaluation will add significant value to the mandated Report to Congress by providing direct care provider feedback on the administrative and operational feasibility of the demonstration models, as well as adding similar feedback on how quality of care and cost goals were achieved. This physician feedback will allow for more complete interpretation of the quantitative claims and other data analysis by taking into account the perspectives of direct care providers.

A.2 Information Users

Results from these focus groups will be used by CMS and RTI for the evaluation of the Medicare Gainsharing Demonstration and for the mandated Reports to Congress. In particular, results from this survey will allow CMS and RTI to:

- Gather selected qualitative feedback on why some physicians may or may not have elected to participate in gainsharing.
- Gather selected qualitative feedback on the experiences and behavioral changes of some physicians under the gainsharing model.
- Gather selected qualitative on some physician perspectives regarding quality of care impacts resulting from gainsharing.
- Identify information on selected problems encountered by physicians under the gainsharing models.

Claims and other secondary data analysis may not provide a full picture of the impact of the Medicare Gainsharing demonstration on physicians because these sources cannot inform on the reasoning behind the decisions whether to participate in the program and physicians' experiences under gainsharing if they participate. Conducting focus groups allows us to add limited qualitative information to our other analyses. Since physicians are the primary drivers of care, we need to speak with demonstration participating and non-participating physicians to gather their assessment and feedback on how the demonstration impacts overall hospital efficiency, physician practice patterns, and quality of care. It is particularly critical to discuss the impacts of gainsharing on beneficiary satisfaction with the physicians who treat and interact with patients since there are few other available sources of information on this subject available to the evaluation team.

Data from physician focus groups will enable the evaluation to include additional information on a segment of physicians' perceptions on several important evaluation issues which could speak to the replicability of the demonstration. These evaluation issues include participating and non-participating physician perceptions on: (1) how the gainsharing incentives may or may not have impacted their practice patterns; (2) how the specific operationalization– physician recruitment, development of clinical protocols, payments—of gainsharing worked at

the physician level, and (3) whether beneficiary quality of care was impacted by the gainsharing demonstration—and if so, in what way.

A convenience sample of physicians at each of the two demonstration hospital sites that have (and have not elected) to participate in gainsharing will render meaningful comparisons between the perspectives and characteristics of these two groups of physicians. The feedback will also help CMS determine whether there are demonstration lessons learned that should be included in future gainsharing initiatives. The focus groups will be run by Dr. Greenwald and additional RTI employees who will collect and analyze the information obtained.

A.3 Use of Information Technology

The physician focus groups will make minimal use of information technology. A focus group facilitator will lead each discussion and a dedicated note taker will record participant responses.

A.4 Efforts to Identify Duplication

These focus groups will gather physician response to an entirely new program. No prior information exists that would specifically provide feedback about the operation of the Medicare Gainsharing Demonstration. This information collection, thus, does not duplicate any other effort and the information cannot be obtained from any other source.

A.5 Involvement of Small Entities

For this evaluation, RTI will conduct focus groups with individual physician participants who either have or have not elected to participate in the Demonstration. Except insofar as individual physicians may be in solo practice or work in small practices, there is no expected involvement for small entities including small businesses, local governments, or other small entities.

A.6 Less Frequent Collection

The focus groups will be conducted twice, at intervals allowing for the collection of physician feedback at the midpoint and end point of the demonstration. No other timing would allow for the collection of sufficient physician feedback at critical points in the demonstration that are necessary for the analyses included in the mandated Reports to Congress.

A.7 Special Circumstances

There will be no special circumstances.

A.8 Federal Register/Consultation Outside the Agency

To be provided once federal register has been posted.

A.9 Payments/Gifts to Respondents

No remuneration will be offered to the physician focus group participants. We anticipate that physician participants and non-participants have sufficient interest in the Demonstration that

they will be willing to participate without compensation. To facilitate participation, the focus groups will be held at mid-day at the demonstration participant hospitals. Lunch will be offered at these focus groups. RTI's past experience conducting focus groups for The CMS Specialty Hospital Evaluation indicated that physicians are more willing to attend a group discussion if breakfast or lunch is provided and the discussion is held at the hospital.

A.10 Confidentiality

A plan for assuring the confidentiality of the project includes signing ethics agreements from all personnel employed by the contractor who will have access to individual identifiers. Personnel training is also included in the plan regarding the significance and protection of confidentiality, particularly as it relates to controlled and protected access to focus group summary files. Further, materials will be sent to potential focus groups participants describing the purpose and the voluntary nature of the focus groups, as well as conveying the extent to which respondents and their responses will be kept confidential. We pledge to hold respondent information confidential to the extent provided by law.

A.11 Sensitive Questions

Information collected in the focus groups is not of a sensitive nature. Questions are confined to physician opinions and perspectives regarding the Medicare Gainsharing Demonstration.

A.12 Burden Estimates (Hours and Wages)

Two types of focus groups will be conducted: (1) Medicare Gainsharing Demonstration physician participants, and (2) Medicare Gainsharing Demonstration physician non-participants. For the Beth Israel Medical Center site, both rounds of focus groups will be conducted. For the Charleston Area Medical Center, only one round of focus groups will be conducted since they have withdrawn from the demonstration as of December 2009. The focus group discussions will be conducted corresponding to site visits: approximately 12 months after the start of the full start of the demonstration for the first round at BIMC and CAMC, and 24 months later at approximately 36 months after the start of the demonstration for BIMC only. To minimize burden on individual physicians, no effort will be made to recruit the same panel of physician participants for each round. The length of each focus group will be no more than 60 minutes, including time to review the focus group processes and to obtain signed content. An estimate of $500 per hour has been used as the value of practicing physician time. This is the maximum rate the evaluation contractor (RTI International) has used for physician consultants. The respondent hourly burden for the focus groups is shown in ***Exhibit 1***. Total burden is shown by demonstration site, by phase. The total (154.0 hours) reflects the total estimated burden for all focus groups, combined for both of the two phases.

Exhibit 1. Total respondent hourly burden, by focus group site and round

Focus Group Name	Total burden (hours)
Medicare Gainsharing Demonstration Participant Focus Group Round 1—	36.0

Beth Israel	
Medicare Gainsharing Demonstration Participant Focus Group Round 2—Beth Israel	36.0
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 1—Beth Israel	12.0
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 2—Beth Israel	12.0
Medicare Gainsharing Demonstration Participant Focus Group Round 1—CAMC	36.0
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 1—CAMC	12.0
TOTAL	154.0

Total burden is shown by demonstration site, by phase. The total ($72,000) reflects the total estimated burden for all focus groups, combined for both of the two phases. The respondent wage burden for the focus groups is shown in ***Exhibit 2***.

Exhibit 2. Total respondent wage burden

Focus Group Name	Total burden (Wage)
Medicare Gainsharing Demonstration Participant Focus Group Round 1—Beth Israel	$18,000
Medicare Gainsharing Demonstration Participant Focus Group Round 2—Beth Israel	$18,000
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 1—Beth Israel	$6000
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 2—Beth Israel	$6000
Medicare Gainsharing Demonstration Participant Focus Group Round 1—CAMC	$18,000
Medicare Gainsharing Demonstration Non-Participant Focus Group Round 1—CAMC	$6000

TOTAL	$72,000

A.13 Capital Costs

There are neither capital or startup costs nor are there any operation and maintenance costs to focus group participants.

A.14 Costs to Federal Government

Total costs associated with round one of Medicare Gainsharing focus groups (at total of four focus groups in each of two sites for round one) are estimated to be $48,000 for recruitment, focus group facilitation, meeting notes and analysis. The costs associated with the second round (conducted only at the one remaining demonstration site) are estimated at $24,000. The total project costs for the focus groups are estimated at $72,000. The annualized costs are approximately $48,000 for round one when two demonstration sites are involved. Annualized costs for the second round is estimated at $24,000 since only one demonstration site will be involved. The average annualized cost is estimated at $36,000. These costs are funded by the CMS evaluation contract for this demonstration

A.15 Changes to Burden

This is a new data collection for the Center of Medicare and Medicaid Services (CMS). The focus groups will not result in any recurrent periodic reporting or recordkeeping costs or time burden.

A.16 Publication/Tabulation Dates

The primary purpose for this survey is to add to the analyses included in a mandated Report to Congress. No other publication is anticipated at this time. Assuming the anticipated Gainsharing Demonstration extension, the mandated Reports to Congress are due March 2011 and March 2013.

A.17 Expiration Date

The OMB expiration date will be displayed on all disseminated data collection materials.

A.18 Exceptions to Certification Statement

There are no exceptions to the certification statement.

Supporting Statement – Part B

Collections of Information Employing Statistical Methods

B1. This request pertains to data collected through focus groups of physicians participating in the Medicare Gainsharing Demonstration (2-3 Focus group sessions) and those not participating in the Medicare Gainsharing Demonstration (1 Focus group). Participants in all 4 focus groups will be recruited by RTI to participate from complete (not sampled) lists of all participating and non participating physicians supplied by the demonstration sites. The participants will be a convenience sample from these complete lists, with those willing and able to participate on the designated days selected. There are no statistical methods in this approach, which will be noted in the findings and taken into consideration in the analysis. We anticipate that in each of the 2 demonstration sites (described more fully in Section A), there will be about 125 participating physicians and about 80 non participating physicians, from which we will draw convenience samples of about 36 for the 2-3 participating physician focus groups and convenience samples of 12 for the non participating physician focus groups.

This will be repeated for round 2 for only the BIMC site. We do not assume that the same physicians will participate in both rounds at the BIMC second round of focus groups.

B2. The results of the focus groups will be used for purely descriptive analysis. No statistical procedures will be employed.

B3. The results of the focus groups will be used for purely descriptive analysis. No statistical procedures will be employed.

B4. The results of the focus groups will be used for purely descriptive analysis. No statistical procedures will be employed.

B5. The results of the focus groups will be used for purely descriptive analysis. No statistical consultation was performed.

ATTACHMENT A
60-DAY FEDERAL REGISTER NOTICE

(To be added after issue by CMS

ATTACHMENT B
30-DAY FEDERAL REGISTER NOTICE

(To be added after issue by CMS)

ATTACHMENT C
ADVANCE LETTERS

CMS or RTI Letterhead

Dear Dr. [FIRST NAME] [LAST NAME]:

I am writing to ask for your help with an important study of the Medicare Gainsharing Demonstration. The agency that oversees Medicare, the Centers for Medicare & Medicaid Services (CMS) has asked RTI International, a not-for-profit research organization, to conduct an evaluation of this important demonstration. Part of the evaluation includes conducting physician focus groups.

You have elected to participate in the Medicare Gainsharing Demonstration program and CMS would like to understand this decision. The purpose of the focus group is to gather physician feedback so that CMS can take physicians' views into consideration when monitoring this demonstration and evaluating potential changes.

In a few days, a representative from RTI International will call you to ask for your participation in our focus group. It will be held on XXXXX at XXXXXX. The focus group will last no longer than one hour.

Please be assured that your participation is completely voluntary and that all perspectives you provide during the focus group will be kept confidential to the extent provided under law. We are required by federal law to protect this information. Neither you nor your practice will be identified by name in the reports from this study. If you have questions related to your rights as a survey respondent, you may call RTI's Office of Research Protections toll-free at 1-866-214-2043. If you have questions about this study, please contact us toll-free at 1-XXX-XXX-XXXX or by e-mail at XXXX@rti.org. 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 (1 hours) or (60 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.

Your help is extremely important to the success of the Medicare program and CMS, and we thank you in advance for your participation.

Sincerely,

Leslie M. Greenwald, PhD
RTI Project Director

What is the Medicare Gainsharing Demonstration? The Congress, under Section 5007 of the Deficit Reduction Act (DRA) in 2005, required that CMS conduct a qualified gainsharing program to test alternative ways that hospitals and physicians can share in efficiency gains. The primary goal of the demonstration is to evaluation gainsharing as means to align physician and hospital incentives to improve quality and efficiency.

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You have elected *not* to participate in the Medicare Gainsharing Demonstration program and CMS would like to understand this decision. The purpose of the focus group is to gather physician feedback so that CMS can take physicians' views into consideration when monitoring this demonstration and evaluating potential changes.

In a few days, a representative from RTI International will call you to ask for your participation in our focus group. It will be held on XXXXX at XXXXXX. The focus group will last no longer than one hour.

Please be assured that your participation is strictly voluntary, and that all perspectives you provide during the focus group will be kept confidential to the extent provided under law. We are required by federal law to protect this information. Neither you nor your practice will be identified by name in the reports from this study. If you have questions related to your rights as a survey respondent, you may call RTI's Office of Research Protections toll-free at 1-866-214-2043. If you have questions about this study, please contact us toll-free at 1-XXX-XXX-XXXX or by e-mail at XXXX@rti.org. 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 (1 hour) or (60 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.

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Leslie M. Greenwald, Ph.D.
RTI Project Director

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ATTACHMENT D
FOCUS GROUP DISCUSSION PROTOCOL

MEDICARE GAINSHARING DEMONSTRATION
DISCUSSION GUIDE: PHYSICIANS PARTICIPATING IN THE DEMONSTRATION

Purpose: The purpose of this discussion is to gain a better understanding of how the Medicare Gainsharing Demonstration has impacted the relationship between this hospital and affiliated physicians. In particular, we are interested in how the demonstration may have changed physician and staff work relationships, processes of care, and impact on patient quality of care.

No responses will be attributed to individuals. 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

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GENERAL INFORMATION

1. Please describe the way that physicians are organized at this hospital. Has that changed in any way as a result of the decision of the hospital to participate in the Medicare Gainsharing Demonstration?
2. Were you eager, or resistant, to participate in the demonstration? Has that changed at all over time?
3. Why did each of you decide to participate, or not participate, in the Medicare Gainsharing Demonstration?

GAINSHARING HOSPITAL RELATIONSHIP WITH PHYSICIANS

1. How would you describe the relationship this hospital has with its affiliated physicians? Has that relationship changed as a result of the gainsharing initiative? In what way?
2. How would you describe the targeted physician behavioral changes prompted by the gainsharing initiative? How much were physicians involved in the development of these targeted changes?
3. What generally are physicians' views of the targeted changes resulting from gainsharing? Has that view changed in any way over time, particularly after implementation?
4. Do physicians have any view of the likely success of the gainsharing targeted behavior changes? What appear to be their impact on quality of care? Costs?
5. In your judgment, are gainsharing arrangements just reinforcing changes in care that had already been made? Or are they facilitating real changes in care processes, organization, and delivery?

GAINSHARING PAYMENTS

1. Have physicians actually received gainsharing payments yet? If so, how did that process work? Have there been any disagreements or complications in making the gainsharing payments to physicians?
2. What is your view of the incentives these payments provide to physicians to modify how their practice? Is it a strong incentive? Weak incentive? Is the payment too low or too far removed from the behavioral change?
3. What is your view of the methodology used to determine payment amounts?
4. Have the gainsharing payments changed the way you practice in this hospital? Do you view these changes as positive--or perhaps as negative?

QUALITY MONITORING SYSTEMS

1. Do you see reports about quality, safety, or satisfaction with care? How often do reports come out? How do you personally use these types of information to improve quality of care? How has this changed as a result of the gainsharing demonstration?
2. In what areas does this institution excel? In what areas does it need to improve? Has gainsharing impacted issues of quality of care in which improvement was most needed?

PATIENT SATISFACTION

1. Do you know if this hospital contracts with an outside firm to conduct patient satisfaction surveys and analyze the data? Is this information shared with physicians?
2. Do you have any sense of your patient's satisfaction with care at this hospital? Has that in any way changed as a result of the demonstration?

SUMMARY

1. Overall, how would you describe the impact of the gainsharing demonstration on this hospital, and its affiliated physicians?
2. What is your overall view of the gainsharing model? Does it hold promise as a policy tool to improve quality of care and/or reduce costs?
3. How would you improve or otherwise modify the gainsharing model implemented at this hospital should the project continue in the future?

Thank you for your time.

MEDICARE GAINSHARING DEMONSTRATION
DISCUSSION GUIDE: DEMONSTRATION NON-PARTICIPATING PHYSICIANS

Purpose: The purpose of this discussion is to gain a better understanding of how the Medicare Gainsharing Demonstration has impacted the relationship between this hospital and affiliated physicians. In particular, we are interested in how the demonstration may have changed physician and staff work relationships, processes of care, and impact on patient quality of care. This group includes physicians who elected not to participate in the demonstration. Despite your non-participation in the demonstration, we are interested in the observations you may have about the impact of the project on the hospital, patients and overall processes of care.

No responses will be attributed to individuals. 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 (1 hour) or (60 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.

GENERAL INFORMATION

1. Please describe the way that physicians are organized at this hospital. Has that changed in any way as a result of the decision of the hospital to participate in the Medicare Gainsharing Demonstration?
2. Were you eager, or resistant, to participate in the demonstration? Has that changed at all over time?
3. Why did each of you decide to participate, or not participate, in the Medicare Gainsharing Demonstration?

GAINSHARING HOSPITAL RELATIONSHIP WITH PHYSICIANS

4. How would you describe the relationship this hospital has with its affiliated physicians? Has that relationship changed as a result of the gainsharing initiative? In what way?
5. What generally are physicians' views of the targeted changes resulting from gainsharing? Has that view changed in any way over time, particularly after implementation?
6. Do physicians have any view of the likely success of the gainsharing targeted behavior changes? What appear to be their impact on quality of care? Costs?
7. In your judgment, are gainsharing arrangements just reinforcing changes in care that had already been made? Or are they facilitating real changes in care processes, organization, and delivery?

QUALITY MONITORING SYSTEMS

8. Do you see reports about quality, safety, or satisfaction with care? How often do reports come out? How do you personally use these types of information to improve quality of care? How has this changed as a result of the gainsharing demonstration?
9. In what areas does this institution excel? In what areas does it need to improve? Has gainsharing impacted issues of quality of care in which improvement was most needed?

PATIENT SATISFACTION

10. Do you know if this hospital contracts with an outside firm to conduct patient satisfaction surveys and analyze the data? Is this information shared with physicians?
11. Do you have any sense of your patient's satisfaction with care at this hospital? Has that in any way changed as a result of the demonstration?

SUMMARY

12. Overall, how would you describe the impact of the gainsharing demonstration on this hospital, and its affiliated physicians?
13. What is your overall view of the gainsharing model? Does it hold promise as a policy tool to improve quality of care and/or reduce costs?
14. How would you improve or otherwise modify the gainsharing model implemented at this hospital should the project continue in the future?

Thank you for your time.