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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

RTI Project Number 0209853.003

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**Supporting Statement  
Evaluation of the Medicare Gainsharing Demonstration (Part B)**

by Leslie Greenwald, PhD, Project Director

Federal Project Officer: William Buczko, PhD

RTI International

CMS Contract No. HHSM500-2005-00029I

August 2010

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## **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)**

A-1

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**ATTACHMENT B**  
**30-DAY FEDERAL REGISTER NOTICE**

**(To be added after issue by CMS)**

**B-1**

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**ATTACHMENT C  
ADVANCE LETTERS**

C-1

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## 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](mailto: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

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***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 evaluate gainsharing as means to align physician and hospital incentives to improve quality and efficiency.



## CMS or RTI Letterhead

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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 *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](mailto: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.

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, Ph.D.  
RTI Project Director

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**ATTACHMENT D**  
**FOCUS GROUP DISCUSSION PROTOCOL**

D-1

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## **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?

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## **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.