Form Approved
OMB No. 0935-0179
Exp. Date 7/31/2014

HCUP Partners Software Redesign Questionnaire

The Agency for Healthcare Research and Quality (AHRQ) is considering a redesign of its Quality Indicators (QI) software programs. As a Partner in the Healthcare Cost and Utilization Program (HCUP), we value your input as a user or potential user of the QI software programs.

Please consider completing a brief survey on the QI software programs. Your responses will help us to redesign the software and provide a quality product to key users like you. The survey should take less than 15 minutes to complete. The survey is web-based and can be accessed via the link at the end of this email. For your convenience, a PDF version of the survey is attached so that you can review the questions ahead of time.

If you have any difficulties completing this survey, feel free to contact the AHRQ QI Support Team at qualityindicators@ahrq.hhs.gov. We also ask that you forward this survey to any colleagues whom you feel would have valuable input into the redesign of the QI software.

We thank you in advance for your participation in this important survey.

Sincerely,
Mamatha Pancholi
Program officer
AHRQ Quality Indicators Program

To begin the survey, click on the hyperlink below: [hyperlink]

Survey Questions

Section 1: Current Uses of the QI Software Program. In this section, we would like to know how you have used the QI software in the past year.

1. Which application of the QI software do you use? Check all that apply.
   a) SAS
   b) Windows QI (WinQI)
   c) SAS to import into My Own Network Powered by AHRQ (MONAHRQ)
   d) Windows QI (WinQI) through My Own Network Powered by AHRQ (MONAHRQ)
   e) My organization currently does not use the QI software

2. Which release of the QI software have you used in the past year? Check all that apply.
   a) Version 4.4 (the most current version for FY 2012 coding)
   b) Version 4.3 or Version 4.3a (for FY 2011 coding)
   c) Version 4.2 (for FY 2010 coding)
   d) A version prior to Version 4.2
   e) My organization currently does not use the QI software

3. How frequently do you use the QI software?
   a) Weekly
   b) Monthly
   c) Annually
   d) Other: _____
   e) My organization currently does not use the QI software

4. On which operating system do you have a need to run the QI software? Check all that apply.
   a) Microsoft Windows, Versions XP (or Server 2003), Vista (or Server 2008), 7 (or Server 2008 R2)
   b) Linux OS. Please specify distribution(s) and version(s): _____
   c) Apple OS. Please specify version(s): _____
   d) Other platform. Please specify type and version:
      _____
   e) Don't know

5. Does your organization require the ability to modify the QI software programs, other than to specify user-specific file path names?
   a) Yes
   b) No, we use the QI software programs as they are provided by AHRQ
   c) No, we do not use the QI software programs

6. How do you modify the QI software programs? Check all that apply.
   a) Change how data are read or input into the program
   b) Modify computation of specific quality indicators
   c) Change population file used for area quality indicators
   d) Change risk adjustment coefficients
   e) Stratify results in ways not currently available in the software
   f) Change reporting and formatting of output
   g) Trace individual data through intermediate steps
   h) Other (please specify) _____
   i) I do not modify the QI programs

7. What challenges do you encounter with the QI software program when pooling discharge data across multiple years? Check all that apply.
   a) The reference population data are not pooled in the same way as my discharge data
   b) The Census population denominators are not calculated in the same way that my discharge data are pooled
   c) The risk adjustment factors are not calculated consistently for the way that my discharge data are pooled
   d) Other problems (please specify) _____
   e) I do not encounter any challenges with the QI software when pooling data across multiple years
   f) I do not use the QI software on discharge data pooled across multiple years
   g) My organization does not use the QI software

8. Do you have a need to run the QI software program in an automated manner (such as writing macros around the QI code to automate the process), either within a manually executed script, or as part of a scheduled job?
   a) Yes
   b) No
   c) Don’t know

Section 2: SAS and Windows Software Packages. QI rates are currently calculated in two software packages (SAS and WinQI), which increases utility by a larger variety of stakeholders but also introduces the potential for errors or differences between software packages. AHRQ would like to better understand your use of each of the software packages.

9. What factors do you consider when choosing to use the SAS or Windows versions of the software? Check all that apply.
   a) Programming skills and experience of our existing staff
   b) Format of our existing data
   c) Confidence in the programming language
   d) Operating system requirements
   e) Ability to modify the code to meet our particular needs
   f) Other (please specify): _____
   g) My organization currently does not use the QI software

10. Many computations in the QI software are performed in both SAS and WinQI. An alternative approach could be to develop specific modules that perform a subset of the computations in a single programming language. These modules may be written in SAS, Java, or C#. Which statement best describes how this approach would impact your use of the AHRQ QIs?
    a) Greatly hinder my use of the QIs
    b) Moderately hinder my use of the QIs
    c) Not affect my use of the QIs
    d) Moderately improve my use of the QIs
    e) Greatly improve my use of the QIs
    f) My organization does not use the QI software

11. If a subset of modules were created in a single programming language, which programming language would you prefer that AHRQ use?
    a) SAS
    b) Java
    c) C#
    d) Other (please specify): _____
    e) No preference

Section 3: Transition to ICD-10 Coding System. After October 1, 2014, the Centers for Medicaid and Medicare Services (CMS) will require all claims to report diagnoses and procedures using ICD-10. In this section, we would like to ask you some questions regarding how this transition will affect your organization's use of the QI software.

12. Which statement best characterizes your needs for calculating the QIs after the CMS deadline?
    a) My organization will need to compute the QIs only for ICD-10 data
    b) My organization will need to compute the QIs using both ICD-10 and ICD-9 data
    c) My organization will not need to compute the QIs
    d) I do not know my organizations needs after the CMS deadline
    e) My organization currently does not use the QI software

13. AHRQ plans to support simultaneously QI software that can analyze data with ICD-9 coding and ICD-10 coding. For how long after the CMS deadline would you need support for ICD-9 coding?
    a) Up to and including 6 months after the deadline
    b) More than 6 months but less than and including 1 year after the deadline
    c) More than 1 year but less than and including 2 years after the deadline
    d) More than 2 years after the deadline
    e) I will not need any support for ICD-9 coding
    f) My organization does not use the QI software

14. One way in which AHRQ can support ICD-9 and ICD-10 coding simultaneously is to provide separate versions of the QI software, one version for each coding system. A second way in which AHRQ can support ICD-9 and ICD-10 coding simultaneously is to provide a single version of the software capable of analyzing data from both coding systems. Which approach to supporting ICD-9 and ICD-10 coding do you prefer?
    a) Two coding versions of the software, one for ICD-9 and another for ICD-10
    b) A single version that can analyze data with both ICD-9 and ICD-10 coding
    c) I do not have a preference, my organization can work with either approach
    d) My organization does not use the QI software

Section 4: Additional Functionality. The redesign of the QI software for ICD-10 provides the opportunity to add new features to the QI software. The following questions will allow us to determine which potential features will be the most valuable to users like you. Please indicate which of the features listed below you would like added to the software by ranking them on a scale from 1 (lowest priority) to 5 (highest priority).

15. More options and increased flexibility regarding the format of input data files (i.e., discharge record files)

    1 2 3 4 5

16. More options regarding the format of output data files

    1 2 3 4 5

17. Options to calculate area-level measures with greater flexibility regarding the targeted geographic areas (e.g., zip-code level, township level)

    1 2 3 4 5

18. Options to calculate trends in the QI rates over time

    1 2 3 4 5

19. Other features not listed above that would be a high priority for you:
    _____

Section 5: Additional Information.

20. Are you willing to discuss your views on the redesigned QI software with AHRQ? If so, please enter your contact information below.
    a) Name: _____
    b) Organization: _____
    c) Email address: _____

Thank you for participating in this important survey. Your feedback will inform AHRQ on how to improve the QI software.