

**ATTACHMENT C
ADVANCE LETTERS**

C-1

***INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:** This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.*

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 Physician Hospital Collaboration (PHC) 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 Physician Hospital Collaboration 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

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ATTACHMENT D
FOCUS GROUP DISCUSSION PROTOCOL

D-1

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MEDICARE PHYSICIAN HOSPITAL COLLABORATION DEMONSTRATION DISCUSSION GUIDE: PHYSICIANS PARTICIPATING IN THE DEMONSTRATION

Purpose: The purpose of this discussion is to gain a better understanding of how the Medicare Physician Hospital Collaboration 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 Physician Hospital Collaboration 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 Physician Hospital Collaboration 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 PHC 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 PHC 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.