

Application to Use Burden/Hours from Generic PRA Clearance for

Consumer Research on Public Reporting of Hospital Quality Measures

Information Collection #2
June 13, 2011

Division of Consumer Assessment & Plan Performance (DCAPP)
Centers for Medicare & Medicaid Services (CMS)

A. Background

One of the primary missions of the Centers for Medicare & Medicaid Services (CMS) is to improve the quality and efficiency of care in the Fee-for-Service (FFS) program, by publicly reporting of quality of care information on the *Hospital Compare* website. This vehicle also serves to provide healthcare professionals, Medicare beneficiaries, other consumers with the type of data needed to make informed decisions about which hospitals to use for their care or the care of their patients. Not only do physicians make decisions about where to refer their patients for hospital care, but they also answer questions from patients about consumer information, such as is posted on Hospital Compare. Insuring that physicians understand the data as intended, interpret them correctly, and make and offer patients accurate inferences about their significance and implications helps the Agency to fulfill its mission.

As noted in the Supporting Statement to our generic, or “umbrella,” request for information collection, CMS proposes to conduct two types of activities related to Consumer Research on Public Reporting of Hospital Quality Measures:

1. Formative research to explore how to best organize quality, safety, and efficiency information on the *Hospital Compare* website, using focus groups with consumers (patients and informal caregivers)
2. **Iterative rounds of research to elicit specific feedback on ways of displaying new measures to be added to *Hospital Compare***
 - a. **Round 1: intensive individual interviews probing understanding of mock displays and eliciting feedback about them from**
 - i. consumers (patients and their informal family caregivers)
 - ii. **health care providers (physicians who refer patients to hospitals or inform them about hospital quality).**
 - b. Round 2: intensive individual interviews probing understanding of revised displays (based on input from round 1) and eliciting feedback about them from
 - i. consumers (patients and their informal family caregivers)
 - ii. health care providers

This current Information Collection Request (ICR) addresses the first round of the second activity outlined above, as it relates to **physician respondents (section 2.a.ii, highlighted in boldface above)**. A second request, submitted along with this one, focuses on consumer respondents (2.a.i.). ICRs for the other activities outlined above will be submitted at a later date.

B. Description of Information Collection

The current Information Collection serves to provide individual feedback from internists, primary care physicians, and surgeons to 3 new types of measures: Hospital Acquired Condition rates, Healthcare Associated Infections (Central Line-Associated Blood Stream

Infections), and two measures of timely transfer of Emergency Department patients to admitted status. The research team will conduct individual interviews with 6 physicians, ideally balance between these three types. The stimulus materials include explanatory text and displays of measure data, rates and benchmarks.

Moderators will look for misinterpretations, unintended reactions or confusion, and what changes to the display or language might improve them. The goal of gathering such individual feedback about the mock-ups will be to determine how to best integrate the new information into the existing website using the display devices similar to those used for extant measures, but presenting the information clearly and in such a way that physicians and their patients could draw accurate and useful inferences from the data. Recommendations will be made to internal clients responsible for reporting of quality metrics to the public and to those responsible for maintaining the Hospital Compare website.

We will work with established, reliable market research firms to enlist the necessary participants, providing them tailored screeners for the recruitment process. We have attached a recruitment screener that includes a detailed script along with specific criteria to use when contacting potential participants. The script includes screening questions designed to target the specific audience required for this research, including such criteria as gender, age, race and ethnicity, and level of education. Our screening tool also takes into account certain exclusion criteria, screening out, for example, individuals who work in government or the insurance industry, or whose primary role is teaching, research or quality improvement, to avoid response bias.

For this information collection request, the following data collection tools are attached:

- 1) A recruitment screening form to be used by the research facilities to match the participant pool to the recruitment goals of the research team (Attachment A);
- 2) A semi-structured guide for interviews with physicians (Attachments B);
- 3) Mock ups (Attachment C); and
- 4) Consent form (Attachment D)

C. Deviations from Generic Request

OMB currently approves incentive of up to \$75/hour for professionals. CMS wishes to recruit physicians representative of those clinically active in their communities, rather than those who are primarily involved with teaching, research, or administration. It also wishes to avoid recruiting physicians actively participating guiding quality improvement projects. In CMS's and its contractor's prior experience with physicians, biases have been introduced into the subject pool at the standard incentive rate. CMS requests to provide subjects \$200 for their participation. Lower remuneration may alter the subject pool in ways that could bias the results.

D. Burden Hour Deduction

This is a new collection of information. From the total of 186.64 burden hours in the original generic request, 1 hour is requested for screening of physicians using the physician screener. An additional 18 hours are requested for interviews with 6 physicians. Hence, the deduction from the original requested burden hours is 19 hours.

E. Timeline

The current IC request is for use in June/July 2011, so that recommendations may be made to internal clients by the end of July 2011 for website language and display design.

The following attachments are provided for this information collection:

Attachment A – Screening forms

Attachment B – Intensive Individual interview guide

Attachment C – Testing Materials/Mockups

Attachment D – Consent form