

Application to Use Burden/Hours from Generic PRA Clearance for

Consumer Research on Public Reporting of Hospital Quality Measures

**Information Collection #4**  
**December 15, 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 Medicare beneficiaries and other consumers with the type of data needed to make informed decisions about which hospitals to use for their care. Insuring that consumers understand the data as intended, interpret them correctly, and make 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 family 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 activity outlined above, as it relates to **consumer/informal family caregiver respondents (section 1, highlighted in boldface above)**.

## B. Description of Information Collection

The Information Collection requested here will serve to provide feedback from informal family caregivers of hospital patients about a new way of introducing and organizing the patient perspectives, patient safety, clinical quality, outcome and efficiency measures on Hospital Compare.

The research team will conduct focus groups with 20 informal family caregiver consumers, ranging in age from 18 to 70 years of age. The stimulus materials will include explanatory

text and charts that introduce, group and organize measures of patient perspectives, clinical quality, outcomes and efficiency.

CMS proposes to conduct a round of formative research to explore consumers' perceptions, knowledge and understanding of the various measurement topic represented on Hospital Compare and to also explore options for effectively integrating the new information into the website, through an organizational scheme based on plain-language versions of the categories of measures found in the IOM's six aims and in the more recent National Quality Strategy. The research team will conduct the exploratory research using focus groups. Focus groups are an effective tool for eliciting individuals' perspectives and examining the differences in their opinions and reactions. Focus groups will allow the research team to get multiple points of view at one time, and stimulate discussion regarding perceptions and attitudes around the topics, and explore options for language, organization, display, and navigation through group discussion and brainstorming.

Specifically, the research team conducted a series of focus group discussions with informal family caregiver consumers. The informal family caregiver consumer participants will range in age from 18 to 70 years of age and help care for persons who have had a mix of hospital experiences.

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 the health care industry, to avoid response bias.

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

- 1) Recruitment screening forms 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 Focus Group moderator's guide for discussions with informal family caregivers (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 \$40/hour. CMS will adhere to this limit for research participant incentives.

#### ***D. Burden Hour Deduction***

This is an existing collection of information. From the total of 186.64 burden hours in the original generic request, 45.33 hours will have been used by the time of the current IC, leaving 141.31 hours. CMS requests 5 minutes per 40 potential respondents (3.32 hours) to screen potential respondents and up to 90 minutes per 20 respondents (30 hours) to conduct the focus groups. Hence, the deduction from the original requested burden hours is 33.332 hours.

#### ***E. Timeline***

The current IC request is for use in December 2011 and January 2012 so that recommendations may be made to internal clients by the end of March 2012 for website re-design and release by September 2012.

As noted above, the following attachments are provided for this information collection:

Attachment A – Screening forms for Informal Family Caregiver Consumers

Attachment B – Focus Group moderator’s guide

Attachment C – Testing Materials/Mockups/Handouts:

Six Aims for Improvement

Quality Measures IOM Table

Safety Categories--plain language definitions

HAC Displays

HAI Displays

Timeliness Measures

Attachment D – Consent form