

**SUPPORTING STATEMENT**

**Part A**

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)  
Clinician and Group Survey Comparative Database**

**October 2011**

Agency of Healthcare Research and Quality (AHRQ)

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## **A. Justification**

### ***1. Circumstances that Make the Collection of Information Necessary***

**AHRQ's mission.** The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see <http://www.ahrq.gov/hrqa99.pdf> ), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

- 1) research that develops and presents scientific evidence regarding all aspects of health care; and
- 2) the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
- 3) initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

**Request for information collection approval.** The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) approve, under the Paperwork Reduction Act of 1995, AHRQ's collection of information for the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Clinicians and Groups. The CAHPS Clinician and Group Database (CAHPS CG Database) consists of data from the AHRQ CAHPS Clinician and Group Survey (CAHPS CG Survey). Health systems administrators, medical groups and medical practitioners in the U.S. are asked to voluntarily submit data from the CAHPS CG Survey to AHRQ, through its contractor.

This information collection is part of a larger program of comparative databases that AHRQ supports for the CAHPS program, which includes a comparative database for the CAHPS Health Plan Survey and the Clinician and Group Survey. AHRQ also supports comparative databases on the Surveys on Patient Safety Culture, with comparative databases for the hospital, nursing home, and medical office surveys. All of these databases report similar types of statistics with the overall goal of making comparative information on these surveys available to survey users to facilitate quality and patient safety improvement.

**Background on the CAHPS Clinician and Group Survey.** Dating back to the first phase of the CAHPS program (1996-2000), the CAHPS Consortium recognized the need for a standardized, evidence-based instrument that would gather data on patients' experiences with physicians and staff in outpatient medical practices, enabling clinicians and administrators to assess and improve patients' experiences with medical care. In 1999, the Consortium began work on a survey that would assess patients' experiences with medical groups and clinicians. Working in collaboration with the Pacific Business Group on Health, whose Consumer Assessment Survey established a precedent for this type of instrument; the CAHPS Consortium developed a preliminary instrument known as the CAHPS Group Practices Survey (G-CAHPS).

In August 2004, AHRQ issued a notice in the *Federal Register* inviting organizations to test this instrument. These field test organizations were crucial partners in the evolution and development of the instrument, and provided critical data illuminating key aspects of survey design and administration. In July 2007 the CAHPS CG Survey was endorsed by the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting. The endorsement represents the consensus of many health care providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. The CAHPS CG Survey and related toolkit materials are available on the CAHPS web site at <http://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX.asp>. Since its release, the survey has been used by thousands of physicians and medical practices across the U.S.

The current CAHPS Consortium includes AHRQ, the Centers for Medicare & Medicaid Services (CMS), RAND, Yale School of Public Health, and Westat.

AHRQ has developed the database for CAHPS CG Survey data following the CAHPS Health Plan Database as a model. The CAHPS Health Plan Database was developed in 1998 in response to requests from health plans, purchasers, and CMS for comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement (OMB Control Number 0935-0165, Expiration Date 7/31/2013). Demand for comparative results from the CG Survey has grown as well, and therefore AHRQ has developed a dedicated Clinician and Group Database to support benchmarking, quality improvement, and research.

**Rationale for the information collection.** The CAHPS CG Database contains data from AHRQ's standardized CAHPS CG Survey which provides comparative measures of quality to health care purchasers, consumers, regulators, and policy makers. The Database also provides data for AHRQ's annual National Healthcare Quality and National Healthcare Disparities Reports.

Health systems, medical groups and practices that administer the CAHPS CG Survey according to CAHPS specifications can participate in this project. A health system is a complex of [facilities](#), [organizations](#), and providers of health care in a specified geographic area. A medical group is defined as a medical group, Accountable Care Organization (ACO), state organization or some other grouping of practices. A practice is an outpatient facility in a specific location whose physicians and other providers share

administrative and clinical support staff. Each practice located in a building containing multiple medical offices is considered a separate practice.

The goal of this project is to continue to update the CAHPS CG Database with the latest results of the CAHPS CG Survey. These results consist of 37 items that measure 5 areas or composites of patients' experiences with physicians and staff in outpatient medical practices. This database will 1) allow participating organizations to compare their survey results with those of other outpatient medical groups; 2) facilitate internal assessment and learning in the quality improvement process; and 3) provide information to help identify strengths and areas with potential for improvement in patient care. The five composite measures are:

Getting Timely Appointments, Care, and Information  
How Well Doctors Communicate With Patients  
Helpful, Courteous, and Respectful Office Staff  
Follow-up on Test Results  
Patients' Rating of the Doctor

The reporting system consists of two major components: (1) a public site available to anyone with access to the Internet which contains aggregate level results and (2) a submitter's site available only to survey users that contribute data.

The general public and survey users not submitting data to the CG Database can view aggregate level data and compare their survey results to the database by practice characteristics such as region, physician specialty, practice ownership and affiliation and survey mode in order to identify performance strengths as well as opportunities for improvement.

Medical groups with multiple practice sites and individual practice sites can submit data to the database. Submitters are provided access to a secure area of the online reporting system. A group with multiple practice sites can view their overall group scores along with each practice site's scores within their group. This allows comparisons between one practice site to another within a larger group. In addition, the bar chart section provides tests of statistical differences for each individual practice site within a larger group. Comparisons can also be made to aggregate-level results.

Individual practice sites that submit their data independently can only compare their results with the aggregate-level results for the CAHPS database overall and specific practice characteristics. An individual practice site cannot view or compare themselves to another specific practice site's results unless they are within the same medical group.

To achieve the goal of this project, the following activities and data collections will be implemented:

- 1) Registration Form – The purpose of this form is to determine the eligibility status and initiate the registration process for participating organizations seeking to voluntarily submit their CAHPS CG survey data to the CAHPS CG Comparative Database. The

point of contact (POC) at the participating organization (or parent organization) will complete the form (see Attachment A). The POC is either a corporate-level health care manager or a survey vendor who contracts with a participating organization to collect the CAHPS CG survey data.

2) Data Use Agreement – The purpose of this form is to obtain authorization from participating organizations to use their voluntarily submitted CAHPS CG survey data for analysis and reporting according to the terms specified in the Data Use Agreement (DUA). The POC will complete the form (see Attachment B).

3) Data Submission – After the POC has completed the Registration Form and the Data Use Agreement, they will submit their patient-level data from the CAHPS CG survey to the CAHPS CG Comparative Database. Data on the organizational characteristics such as ownership, number of patient visits per year and medical specialty, and information related to survey administration such as mode and dates of survey administration, sample size, and response rate, which are collected as part of CAHPS CG survey operations are also submitted. Each submission will consist of 3 data files: 1) a Group File that contains information about the group ownership and size of group, 2) a Practice File containing type of practice, the practice ownership and affiliation (i.e., commercial, hospital or integrated delivery system, insurance company, university or medical school, community health center, VA or military) and number of patient visits per year, and 3) a Sample File that contains one record for each patient surveyed, the date of visit, survey disposition code and information about survey completion.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services; quality measurement and improvement; and health surveys and database development. 42 U.S.C. 299a(a)(1), (2) and (8).

## ***2. Purpose and Use of Information***

Survey data from the CAHPS CG Database is used to produce three types of products: 1) an online reporting of results available to the public on the CAHPS User Network web site; 2) comparative reports that are confidential and customized for each participating organization (e.g., health system, medical group or practice) that submits data; and 3) a database available to researchers for additional analyses.

Information for the CAHPS CG Database is collected by AHRQ through its contractor Westat. Participating organizations are asked to voluntarily submit their data to the CAHPS Database. The data is cleaned with standardized programs, then aggregated and used to produce comparative results. In addition, reports are produced that compare the participating organizations' results to the database in a password-protected section of the CAHPS Database online reporting system. Trend data will be available to participants when enough data is collected across consecutive years.

Comparative Database results and individual participant reports can serve a variety of purposes:

- Identifying areas for quality improvement at multiple levels, including medical group, practice site, and individual practitioner.
- Briefing senior leadership on patients' views of the healthcare they receive
- Supporting public reporting of patients' assessments of care
- Combining with other quality measures to examine health care outcomes

The CAHPS CG Database supports research by providing an analytic database. Much like the CAHPS Health Plan Database developed in 1998 (OMB Control Number 0935-0165, Expiration Date 7/31/2013), researchers can use the CAHPS CG Survey Comparative Database to examine:

- Disparities in CAHPS satisfaction scores by racial and ethnic characteristics of patients
- Comparisons of adult and child CAHPS survey results
- Analysis of case-mix factors affecting CAHPS scores, such as patient age, education, and self-reported health status,

### ***3. Use of Improved Information Technology***

All information for the CAHPS CG Database is collected electronically, except the Data Use Agreement (DUA) that a participating organization signs in hard copy and faxes or mails back. Registration is performed online and data submission information and data upload are handled through a secure web site. Delivery of confidential survey results is also done electronically through a secure web site; the results are published online where submitters of the CAHPS CG survey data enter a username and password to access their reports.

### ***4. Efforts to Identify Duplication***

While there are many survey vendors that collect the CAHPS CG Survey data and may maintain databases of their own clients' data, AHRQ is the only entity that serves as a comprehensive repository of CAHPS survey data.

### ***5. Involvement of Small Entities***

The collection of information associated with data submission does not unduly burden small business or small health systems, medical groups or practices. The information being requested is held to the absolute minimum required for the intended uses and is likely already being compiled by survey vendors.

### ***6. Consequences if Information Collected Less Frequently***

Initially CG Survey data will be collected and reported twice a year. Less frequent data collection and delivery of individual feedback reports would prevent timely evaluation and implementation of quality improvement efforts by participating organizations.

## **7. Special Circumstances**

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

## **8. Federal Register Notice and Outside Consultations**

### **8.a. Federal Register Notice**

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on November 28<sup>th</sup>, 2011 for 60 days, and again on February 1<sup>st</sup>, 2012 for 30 days (see Attachment C). No substantive comments were received.

### **8.b. Outside Consultations**

The CAHPS Database maintains an Advisory Committee of 18 members that meets regularly to provide guidance on each of the databases. The Advisory Committee last met in Baltimore, Maryland in April 2010. The current composition of the Advisory Group is included in Attachment D.

## **9. Payments/Gifts to Respondents**

No payment or remuneration is provided to participating organizations for submitting data to the CAHPS CG Database.

## **10. Assurance of Confidentiality**

Participating organizations are assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They are told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

**Confidentiality of the Point-of-Contact for a Participating Organization.** The participating organization's point of contact (POC) who submits the data is asked to provide their name, phone number and email address, and to identify the organization type such as a health system, medical group, practice or vendor. The POC creates a unique ID and password, selects a security question and provides the answer to the security question during the data submission process to ensure that the feedback report is delivered only to that person for use by the participating organization. The POC's contact information is important when any clarifications or corrections of the submitted data set are required or follow-up is needed. However, the name of the POC and of the organization are kept confidential and not publicly reported. Only aggregated, de-identified results are displayed in any public reports.



**Confidentiality of the Survey Data Submitted.** Participating organizations are assured of the confidentiality of their CAHPS CG Survey data through a Data Use Agreement (DUA) that they must sign and that has been approved by AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality, that the data will be used only for the purposes of the database, that only aggregated results will be reported to the public, and that the participating organization will not be identified by name.

**11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature.

**12. Estimates of Annualized Burden Hours and Costs**

Exhibit 1 shows the estimated annualized burden hours for participating organizations. The burden hours and costs below are based on an estimated number of participants. It is estimated that about 30 health systems, medical groups and practices will participate in the CAHPS CG Database. The number of data submissions per participating organization will vary because some participants may submit data for multiple practices, while others may only submit data for one.

The total burden for completing the registration, DUA and data submission process is estimated to be 246 hours. The 30 participating organizations that complete the registration form and submit information to the CAHPS CG Database are a combination of an estimated 20 health systems, medical groups and practices and 10 estimated vendors. Information about survey administration and the survey data files are submitted together for each participating organization.

**Exhibit 1. Estimated annualized burden hours**

Form Name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	30	1	6/60	3
Data Submission	30	1	7 and 6/60	213
Data Use Agreement	30	1	1	30
<b>Total</b>	<b>90</b>	<b>na</b>	<b>na</b>	<b>246</b>

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the submission process. The cost burden is estimated to be \$10,485 annually.

**Exhibit 2. Estimated annualized cost burden**

Form Name	Number of respondents	Total Burden	Average Hourly Wage Rate*	Total Cost burden
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		hours		
Registration Form	30	3	42.62	128
Data Submission	30	213	42.62	9,078
Data Use Agreement	30	30	42.62	1,279
<b>Total</b>	<b>90</b>	<b>246</b>	<b>Na-</b>	<b>10,485</b>

\* Mean hourly wage rate of \$42.62 for Medical and Health Services Managers (SOC code 19111) was obtained from the May 2009 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 621100 - Offices of Physicians located at [http://www.bls.gov/oes/2009/may/naics4\\_621100.htm](http://www.bls.gov/oes/2009/may/naics4_621100.htm).

### **13. Estimates of Annualized Respondent Capital and Maintenance Costs**

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

### **14. Estimates of Annualized Cost to the Government**

Exhibit 3 shows the estimated annualized cost to the government for developing, maintaining and managing the CAHPS CG Database, analyzing the data and reporting results. The cost is estimated to be \$220,000 annually. Annualized costs for collecting and processing the CAHPS CG Database are based upon 10 years of historical CAHPS Health Plan Database project costs. AHRQ wishes to continue this data collection indefinitely and requests OMB approval for 3 years.

#### **Exhibit 3. Estimated Annualized Cost**

<b>Cost Component</b>	<b>Total Cost</b>	<b>Annualized Cost</b>
Database Maintenance	\$120,000	\$40,000
Data Submission	\$240,000	\$80,000
Data Analysis and Reporting	\$300,000	\$100,000
<b>Total</b>	<b>\$660,000</b>	<b>\$220,000</b>

### **15. Changes in Hour Burden**

This is a new collection of information.

### **16. Time Schedule, Publication and Analysis Plans**

Participating organizations are asked to voluntarily submit their CAHPS CG Survey data to the CAHPS Database bi-annually through an online submission system. Once the submission system is closed, the data is cleaned with standardized programs, aggregated and used to produce comparative results. CAHPS survey results are adjusted by patient characteristics such as patient age, education, and self-reported health status in order to account for factors beyond the control of the participating organization that would confound comparisons to other organizations. See Supporting Statement Part B for detailed information on collection procedures for submitting, processing, and reporting

CAHPS CG data. Comparative results are online at [https://www.cahps.ahrq.gov/CAHPSIDB/Public/CG/CG\\_About.aspx](https://www.cahps.ahrq.gov/CAHPSIDB/Public/CG/CG_About.aspx).

The estimated time to conduct data collection, data analysis and report production activities is shown below:

- 1) Data submission open to public -- 1 month
- 2) Data cleaning and data analysis – 1.5 months
- 3) Comparative database report production including individual comparative reports – 1 month

### ***17. Exemption for Display of Expiration Date***

AHRQ does not seek this exemption.

#### **List of Attachments:**

Attachment A: Clinician and Group Data Submission System Registration Form

Attachment B: Clinician and Group Database Data Use Agreement

Attachment C: Federal Register Notice

Attachment D: CAHPS Database Advisory Group Members

Attachment E: E-mail for CAHPS CG Data Submission

Attachment F: Data Submission Secure Web Site and Information Collection Forms