

Supporting Statement – Part B

Collections of Information Employing Statistical Methods

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

RESPONSE: Under the Physician Group Practice Transition Demonstration (PGP TD), Medicare fee-for-service patients are assigned to a physician group if the group provides the plurality of outpatient evaluation & management (E&M) services to the patient during the performance year. Groups have the option to base assignment on either: (1) two stage primary care services E&M code algorithm that assigns based on primary care specialties first and then all specialties second for patients without a primary care visit; or (2) plurality of office and other outpatient service E&M codes regardless of specialty. The assigned patient population is the foundation from which to measure quality performance. Diagnostic data from all claims for each assigned beneficiary are used to determine whether that beneficiary has a particular condition such as diabetes, congestive heart failure, coronary artery disease, or a range of other chronic conditions. A beneficiary may be counted in one or more of each of those categories based on the number of conditions s/he has. The clinical measure denominator criteria, such as age, gender, hospitalization, etc. are further applied to each diagnostic sub-group of beneficiaries to determine which patients are eligible for reporting on the measure. Claims based measures are derived from the full subpopulation of assigned beneficiaries who meet the clinical criteria for the measure. For the PGP TD, a random sample of 615 Medicare patients or the total number of eligible beneficiaries if less than 615 is pulled for each subpopulation and imported into the Performance Assessment Tool. The practices must complete data collection for 411 beneficiaries in rank order or for all beneficiaries if the total is less than 411. The over sample is provided to account for cases where a beneficiary may be excluded because the practice cannot confirm the diagnosis or if they could not find the patient's medical record.

2. Describe the procedures for the collection of information including:

- Statistical methodology for stratification and sample selection,
- Estimation procedure,
- Degree of accuracy needed for the purpose described in the justification,
- Unusual problems requiring specialized sampling procedures, and
- Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

RESPONSE: The PGP TD uses the National Committee for Quality Assurance's hybrid methodology for capturing and reporting data. This method requires the practice to identify the numerator of a measure through either administrative or medical record data. The denominator

consists of either the total population of Medicare beneficiaries assigned to the practice who are eligible for the measure (see above) or a systematic sample of Medicare beneficiaries drawn from the measure's eligible population as defined above using Medicare claims data. For the PGP TD, a sample of 615 Medicare patients per measure module is pulled, rank ordered and loaded into the Performance Assessment Tool. The practices must collect data on 411 consecutive eligible patients. The target sample size is designed to produce 95% confidence intervals of +/- 5% or less for a quality indicator rate.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield 'reliable' data that can be generalized to the universe studied.

RESPONSE: Since the groups participating in the Demonstration are eligible for performance payments for meeting/exceeding performance benchmarks, voluntarily agreed to participate in the Demonstration, and are interested in receiving feedback on their care processes, non-response has not been an issue under the Demonstration.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

RESPONSE: The methodology was derived from commercially available methods used to compute quality measures in the commercial and Medicare managed care environment. In addition, the data collection process includes a randomized audit of submissions.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

RESPONSE: RAND and RTI International were consulted on the development of the sampling methodology. RTI International administers the quality reporting methodology under the Demonstration.

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