Supporting Statement A for
Evaluation of the Multi-Payer Advanced Primary Care Practice Demonstration: Conduct Beneficiary Experience with Care Surveys

RTI International

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A. BACKGROUND

On September 16, 2009, Secretary of Health and Human Services, Kathleen Sebelius, and the Director of the Office of Health Reform, Nancy-Ann DeParle, announced the establishment of the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration, under which Medicare joined Medicaid and private insurers as a payer participant in state-sponsored initiatives to promote the principles that characterize advanced primary care, often referred to as the "patient-centered medical home" (PCMH). CMS selected eight states to participate in this demonstration: Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan, and Minnesota. The goal of the MAPCP evaluation is to identify features of the state initiatives or the participating advanced primary care (APC) practices that are positively associated with improved outcomes. These states vary on a number of important dimensions, such as features of their public (Medicaid) and private insurance markets, delivery system, prior experience with medical home initiatives, and nature of their state-sponsored multi-payer initiative.

The PCMH care delivery model is a potentially transformative health system innovation, combining changes in provider payment and primary care structure and care processes. Evaluations of medical home models have shown mixed results to date, with some studies showing positive effects and others not showing statistically significant effects. Many findings to date have been preliminary, have limited generalizability to multi-payer initiatives and the Medicare population, and have had some limitations in their study design (e.g., no comparison group). Although some positive outcomes from the medical home model have been shown to be significant, critical questions remain unanswered. For example, the impacts of the PCMH provider payment models and medical home transformation process on health outcomes and the U.S. health care system, particularly from a cost perspective, are largely unknown (Berenson et al., 2011; Crabtree et al., 2010; Steiner et al., 2008; Bitton et al., 2010).

CMS is conducting an evaluation of the demonstration to assess the effects of advanced primary care practice when supported by Medicare, Medicaid, and private health plans. As part of this evaluation, qualitative and quantitative data will be collected and analyzed to answer research questions focused on: 1) state initiative features and implementation, including various payment models; 2) practice characteristics, particularly medical home transformation; and 3) outcomes, including access to and coordination of care, clinical quality of care and patient safety, beneficiary experience with care, patterns of utilization, Medicare and Medicaid expenditures, and budget neutrality.

This OMB application seeks approval to conduct a survey to assess the care experiences of beneficiaries involved in the MAPCP Demonstration. We have chosen to measure patient experience using a validated, standardized survey questionnaire, the PCMH version of the Consumer Assessment of Healthcare Providers and Systems (PCMH-CAHPS). The PCMH-CAHPS is a validated, federally developed instrument that measures patient experience in 6 domains (access to care, provider communication, office staff interactions, attention to

medical/emotional health, health care support, and medication decisions). The target population for the survey is Medicare fee-for-service (FFS) and Medicaid beneficiaries who were assigned to primary care practices participating in the MAPCP Demonstration. Assigned beneficiaries are those who received a plurality of their care from the participating PCMHs. As of December 2012, more than 400,000 Medicare beneficiaries were participating in the MAPCP Demonstration.

RTI has also submitted 3 additional MAPCP PRA packages for 1) site visit protocols; 2) provider survey; and 3) focus group interview guides. The site visit protocols seek approval to conduct in-person, semi-structured interviews with six types of respondents from each of the eight participating states: physicians and administrators of participating practices and/or health systems, individuals representing provider associations, individuals representing payer organizations, individuals representing Office of Aging staff and patient advocates, leaders of community health teams and networks, state officials. The provider survey proposes to survey providers participating in the demonstration who are caring for patients insured through Medicaid and fee-for-service Medicare at a point 24 months into the demonstration. This survey will allow evaluators to understand how participating practices' structures and functions vary, particularly with respect to their adoption of different components of the medical home model of care. The focus group interview guides seek approval to conduct interviews in order to understand patients' experiences from their perspective. The focus groups will provide answers to fundamental "what, how, and why" questions about beneficiaries' experiences with care and access to and coordination of care.

A.1 Need and Legal Basis

The MAPCP Demonstration requires that an evaluation be conducted of the care experienced by beneficiaries who participate in the demonstration.

A.2 Information Users

The survey results will be used by CMS to determine:

- Whether patient-reported experience in areas such as access to care and provider communication is more (or less) favorable in demonstration sites compared to national averages,
- Whether reported experience differs by insurance coverage (Medicare, Medicaid, and duals eligibles), and
- The extent to which PCMH-CAHPS scores differ by personal characteristics of beneficiaries.

A.3 Use of Information Technology

The surveys will make minimal use of information technology. The survey is being conducted via mail. We will prepare the questionnaire as a scannable form, allowing for easy data capture of returned surveys.

A.4 Efforts to Identify Duplication

The evaluation has been designed to comprehensively address the evaluation questions while minimizing the burden placed on the states, their partners (e.g., state evaluators), Medicare and Medicaid beneficiaries and special populations.

The survey will be conducted in participating states that are not conducting their own CG-CAHPS or PCMH-CAHPS surveys during the proposed survey period. We will monitor state survey activities to identify any surveys that may be planned for the same time period as our survey. In cases of overlap, we will collaborate with the state to avoid duplication. Through our ongoing communication with the MAPCP states, we have already identified one instance in New York in which the state is planning to administer the CAHPS survey.

As a result of these efforts, the information collected through the surveys will not duplicate any other effort and should not be obtainable from any other source.

A.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.

A.6 Less Frequent Collection

The survey will be conducted one time with each respondent. There are no other sources for the information to be collected.

A.7 Special Circumstances

There are no special circumstances.

A.8 Federal Register/Consultation Outside the Agency

The 60-day Federal Register Notice was published on May 31, 2013. There were no comments received.

A.9 Payments/Gifts to Respondents

No remuneration will be offered to the survey participants. This practice is consistent with the recommended protocol for CAHPS surveys.

A.10 Confidentiality

Materials sent to potential respondents will describe the purpose and the voluntary nature of the survey and will convey the extent to which respondents and their responses will be kept confidential. Survey respondents will be identified only by a sequential survey identification number. The survey database will be stored on a secured server and password-protected computers. All personnel who will have access to surveys and/or individual identifiers will be trained on the significance and protection of confidentiality, particularly as it relates to controlled and protected access to survey data and summary files and be required to sign confidentiality statements accordingly.

A.11 Sensitive Questions

Information collected in the surveys is not of a sensitive nature. Questions in the PCMH-CAHPS are confined to respondent interactions and experiences with their health care providers. The survey does not contain any open-ended questions.

A.12 Burden Estimates (Hours and Wages)

Estimates of survey burden in terms of hours and annualized costs are shown in the two tables below.

TABLE A.12 - 1 ESTIMATED BURDEN HOURS

REDS-III Studies	Estimated Annual Number of Respondents	Estimated Number of Responses for all Respondents	Average Burden Hours for all Responses	Estimated Total Annual Burden Hours Requested
Summary of Burdens	10,038	1	.33	3,313

TABLE A.12 - 2 ANNUALIZED COST TO RESPONDENTS

REDS-III Studies	Number of Respondents	Frequency of Response	Average Time per Respondent	Hourly Wage Rate	Respondent Cost – all respondents
Summary of Costs	10,038	1	.33	$12.45*	$41,247

*Taken from the median Medicare income level as provided in The Henry J. Kaiser Family Foundation, Medicare Chartbook, Fourth Edition, 2010, http://www.kff.org/medicare/upload/8103.pdf

A.13 Capital Costs

There are no capital costs.

A.14 Costs to Federal Government

Total costs are estimated to be $551,543. These costs are funded through an existing CMS contract with RTI International.

Federal FTE costs are expected to be negligible. The Project Officer for the CMS contract with RTI may be required to spend 0.2% of her time on the administration of this survey (~$250 of annual salary).

A.15 Changes to Burden

This is a new data collection for CMS.

A.16 Publication/Tabulation Dates

Survey results will be tabulated by an insurance group for each MAPCP Demonstration state. No information about individual beneficiaries will be published. Summary scores for the key PCMH-CAHPS domains will be weighted for sample design and response propensity. These results will appear in the projects Annual report for 2014.

A.17 Expiration Date

The OMB expiration date will be displayed on all disseminated data collection materials.