

Part A. Supporting Statement

Physician Quality Reporting System and the Electronic Prescribing Incentive Program

A. Background

This request is for clearance to conduct three surveys, one of Medicare beneficiaries, one of eligible professionals, and one of administrators, in support of an evaluation of the Physician Quality Reporting System (PQRS) and the Electronic Prescribing (eRx) Incentive Program. In addition, we will interview a small number of eligible professionals and administrators. This evaluation is designed to determine how well the PQRS and the eRx are contributing to better and affordable health care for Medicare beneficiaries. The PQRS is a voluntary reporting program that provides an incentive payment to eligible professionals who satisfactorily report data on quality measures. The Centers for Medicare & Medicaid Services (CMS) uses quality measures to promote improvements in care delivery and payment and to increase transparency. The PQRS program rewards eligible professionals based on a percentage of the estimated Medicare Physician Fee Schedule of their allowed Part B charges if they meet the defined reporting requirements. The PQRS was initially referred to as the Physician Quality Reporting Initiative, or PQRI.

The PQRS was first implemented in 2007 as an incentive for voluntary reporting of quality measures in accordance with a section of the Tax Relief and Health Care Act of 2006. The PQRS was further extended and enhanced by legislation such as the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Extension Act of 2007 (MMSEA) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). A number of changes have been made to the PQRS, including group measures, the group reporting option, and additional measures. The PQRS was extended further with the enactment of MMSEA. MMSEA provided professionals greater flexibility for participating in the PQRS for 2008 and 2009 by authorizing CMS to establish alternative reporting criteria and alternative reporting periods for the reporting measures groups and for the submission of data on the PQRS quality measures through clinical data registries. MIPPA, enacted in July 2008, made the PQRS program permanent, further enhanced the PQRS, and established a new stand-alone incentive program for successful electronic prescribers.

The eRx Incentive Program, the other program being evaluated in this project, was first implemented in 2009. The eRx is another incentive reporting program that uses a combination of incentive payments and payment adjustments to encourage eRx by eligible professionals. The program provides an incentive payment to practices with eligible professionals who successfully e-prescribe for covered Physician Fee Schedule services furnished to Medicare Part B Fee-For-Service (FFS) beneficiaries. Eligible professionals do not need to participate in PQRS to participate in the eRx Incentive Program.

The PQRS and eRx incentive programs have grown over the years to promote participation and reporting success.

Surveys of eligible professionals and administrators can help us understand possible motivations for participating in PQRS/eRx. For example, providers who view quality measures as meaningful and reliable indicators of the care that they provide may be more likely to participate in a quality improvement program. Similarly, providers' comfort and experience with HIT (Health Information Technology) may influence the decision of whether to participate in programs like PQRS/eRx and, once the decision has been made to participate, will clearly affect the choice of data submission method. As such, it will be important to the implementation and impact evaluation to collect this type of survey data from participating and non-participating eligible professionals to help determine whether differences in attitudes and experiences toward HIT and quality measurement might be associated with program participation. In addition, the participation in these initiatives requires administrators (e.g., practice managers, billing managers, and office managers) to address the technical aspects of the project regarding experience with data submission. Therefore we will survey two groups: (1) eligible professionals and (2) administrators who work at eligible professionals' facilities.

Documents to be used in this study are in Attachments A through D as follows:

- A. List of Eligible Professionals.
- B. Eligible Professional and Administrator Surveys and Correspondence.
 - B1. Eligible Professional Survey—Electronic.
 - B2. Eligible Professional Survey—Hardcopy.
 - B3. Administrator Survey—Electronic.
 - B4. Administrator Survey—Hardcopy.
 - B5. Eligible Professional and Administrator Surveys Correspondence.
 - B6. Fact Sheet.
 - B7. Screen Shots.
- C. Interview Topic Guides and Correspondence.
 - C1. Eligible Professional and Administrator Interview Topic Guide: Participation Module.
 - C2. Eligible Professional and Administrator Interview Topic Guide: Non-Participation Module.
 - C3. Eligible Professional and Administrator Interview Topic Guide: Correspondence.
- D. Survey of Medicare Beneficiaries and Correspondence.
 - D1. Survey of Medicare Beneficiaries.

D2. Survey of Medicare Beneficiaries: Correspondence.

Other attachments are:

E. Response to Public Comments.

F. Revisions to Eligible Professional Survey.

B. Justification

1. Need and Legal Basis

Pursuant to SECTION 3002 of Health Care Reform H.R. 3590, TITLE III—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE, Subtitle A—Transforming the Health Care Delivery System, Part I, the work under this contract is being performed. The collection of information for this study is voluntary and applies to eligible professionals or group practices who participate in the PQRS and/or eRx. In addition, this study includes eligible professionals who do not participate in the PQRS/eRx (for comparison purposes) and Medicare beneficiaries served by the eligible professionals selected for the study. The evaluation of PQRS and eRx is being carried out by Econometrica, Inc., a private research organization under contract with CMS.

2. Information Users

Data collected in this study will be used by CMS to assess the impact of PQRS and eRx on the quality of care provided to Medicare beneficiaries. In addition, the findings will enable CMS to make informed decisions regarding how to improve and/or modify the programs in future years.

3. Use of Information Technology

The information will be collected by telephone, electronically, and by mail. Eligible professionals and administrators will be given the option of reporting through a mail survey or electronically through a commercial Web survey system. Information from beneficiaries will be collected by mail. Beneficiaries will also be given the opportunity to complete the survey by telephone.

4. Duplication of Similar Information

This collection does not duplicate similar information collection.

5. Impact of Small Business

While small businesses will be impacted, this collection does not impose significant impact on small businesses and other entities (e.g., individual eligible professionals). In addition, questions have been held to the absolute minimum that is required for the intended use of the data.

6. Less Frequent Collection

If these data are not collected, CMS will not be able to measure the impact of the PQRS and the eRx programs on the quality of care being provided to Medicare beneficiaries. It will hinder CMS' ability to make informed decisions regarding how to improve and/or modify these programs in the future. This survey has not been conducted in the past and is a onetime data collection activity. The information being collected is not available from any other source.

7. Special Circumstances

There are no special circumstances associated with this data collection.

8. Federal Register/Consultation

The 60-day notice was published in the *Federal Register*, Volume 78, page number 35937 on June 14, 2013. The comment period ended August 13, 2013. One organization submitted comments, which are as follows:

1. The survey should make clear which professionals are eligible for the eRx Incentive Program as well as make clear the applicable hardship exemptions.
2. In the Eligible Professionals/Administrators Survey, add "anesthesiology" to the list of professionals and delete "nurse anesthesiology" from the list.
3. Question 1 of the Medicare beneficiary survey collects information about care to the beneficiary in the last 12 months; therefore, many of the questions are not applicable to physician anesthesiologists.

A response to these comments is in the document "CMS Responses to Public Comments Received for CMS-10482." (Attachment E.)

Discussions were not held outside of CMS in the development of this evaluation study.

9. Payments/Gifts to Respondents

To encourage Web response on surveys of eligible professionals and administrators, they will be offered a \$100 postpay gift card for Web completion or a \$50 postpay gift card for mail survey completion. The gift card is a show of appreciation for the eligible professional's and administrator's time and is being used to maximize response rate.

Physicians, other clinicians, and administrators are a challenging group from which to receive a sufficient response rate; therefore, we are including an incentive. Incentives have been shown to encourage participation and increase response rates, which in turn improves the validity and reliability of the data (Shettle and Mooney 1999; Abreu and Winters 1999).¹ "In a recent survey

¹ Shettle, Carolyn and Geraldine Mooney. 1999. "Monetary Incentives in Government Surveys." *Journal of Official Statistics* 15:231-50; Abreu, Denise A., Elizabeth Martin, and Franklin Winters. 1999. "Money and Motive: Results of an Incentive Experiment in the Survey of Income and Program Participation." Paper

of HIV practitioners, a postpay differential incentive (\$40 Web/\$20 mail) resulted in two-thirds of responses gathered via the Web, despite the lack of email addresses” (Mathematica 2012).² Similarly, in a survey of recent college graduates, a differential incentive was also shown to encourage Web response over other modes when the incentive favored that method collection (NSRCG 2008, 2010).³ To facilitate Web completion in a similar situation where email addresses are lacking, we will initially offer the Web mode (the approach mode that is least burdensome and most cost-efficient) with a \$100 postpay incentive in the initial contact and first reminder letter. Then, at the point of the second and third reminder mailings, we will offer both the Web and the mail mode with a differential incentive favoring Web response. That is, Web respondents will receive a \$100 postpay incentive, whereas those who respond by mail will receive a \$50 postpay incentive. (Attachment B5.)

Medicare beneficiaries selected to participate in the survey will receive a \$2 prepay incentive to encourage their participation.

10. Confidentiality

All respondents will be assured of confidentiality and told the purposes for which the information is collected; any identifiable information about them will not be used or disclosed for any purpose. In instances where respondent identity is needed, the information collection will fully comply with all aspects of the Privacy Act of 1974. The only personally identifiable information that will be used are names and mailing addresses that will be acquired from CMS data files for the purpose of mailing letters and surveys instruments to survey participants. It has been determined that a Privacy Impact Assessment does not need to be done. The contractor and its staff will adhere to all CMS statutes, regulations, and policies regarding confidentiality of all data collected in the surveys.

11. Sensitive Questions

Sensitive questions are not being asked of any of the respondents selected for this study.

presented at the International Conference on Survey Nonresponse, Portland, Oregon.

² HIV Workforce Study, Mathematica Policy Research, 2012.

³ Heaviside, Sheila, Donsig Jang, Kirsten Barrett, Geraldine Mooney, and Kelly Kang. “Impact of Monetary Incentives and Web Survey Options in the 2008 National Survey of Recent College Graduates (NSRCG) on Increasing Response Rates in Historically Low Responding Groups.” Paper presented at the American Association of Public Opinion Research Annual Meeting, Chicago, May 14, 2010.

12. Burden Estimates

Surveys of Eligible Professionals and Administrators

Assumptions:

Total responses	8,400
Administrators (paper) share (%)	40
Professionals (electronic) share (%)	60
Administrators share (#)	3,360
Professionals share (#)	5,040
Hourly cost burden for Administrators	\$46.17
Hourly cost burden for Professionals	\$87.18

Hours and Cost per Response for Reporting for Surveys of Eligible Professionals and Administrators

	Time per Response (minutes)	Hours per Response	Hourly Cost Burden	Annual Hour Burden	Cost per Response	Annual Cost Burden
Administrators	15	0.25	\$46.17	840	\$11.54	\$ 38,782.80
Professionals	10	0.17	\$87.18	840	\$14.53	\$ 73,231.20
Total						\$112,014.00

The Time per Response is 15 minutes (0.25 hours) for administrators and 10 minutes (0.17 hours) for professionals. The Annual Hour Burden for all administrators is 840 hours, and the Annual Hour Burden for all professionals is 840 hours. At an Hourly Cost Burden of \$46.17 and a Cost per Response of \$11.54 for administrators and an Hourly Cost Burden of \$87.18 and a Cost per Response of \$14.53 for professionals, the Total Annual Cost Burden is \$112,014.00.

Survey of Medicare Beneficiaries

Assumptions:

Total responses	4,200
Hourly burden cost for beneficiaries	\$7.11

Hours and Cost Per Response for Reporting for Survey of Medicare Beneficiaries

	Time per Response (minutes)	Hours per Response	Hourly Cost Burden	Annual Hour Burden	Cost per Response	Annual Cost Burden
Beneficiaries	30	0.50	\$7.11	2,100	\$3.56	\$14,931.00

The Time per Response is 30 minutes (0.5 hours). The Annual Hour Burden for all beneficiaries is 2,100 hours. At an Hourly Cost Burden of \$7.11 and a Cost per Response of \$3.56, the Annual Cost Burden is \$14,931.00.

Interviews of Eligible Professionals and Administrators

Assumptions:

Total responses	50
Administrators (paper) share (%)	50
Professionals (electronic) share (%)	50
Administrators share (#)	25
Professionals share (#)	25
Hourly burden cost for Administrators	\$46.17
Hourly burden cost for Professionals	\$87.18

Hours and Cost Per Response for Reporting for Surveys of Eligible Professionals and Administrators

	Time per Response (minutes)	Hours per Response	Hourly Cost Burden	Annual Hourly Burden	Cost per Response	Annual Cost Burden
Administrators	30	0.50	\$46.17	12.5	\$23.09	\$577.13
Professionals	30	0.50	\$87.18	12.5	\$43.59	\$1,089.75
Total						\$1,666.88

The Time per Response is 30 minutes (0.5 hours). The Annual Hour Burden for administrators is 12.5 hours and the Annual Hour Burden for professionals is 12.5 hours. At an Hourly Cost Burden of \$46.17 and a Cost per Response of \$23.09 for administrators and an Hourly Cost Burden of \$87.18 and a Cost per Response of \$43.59 for professionals, the Annual Cost Burden is \$1,666.88.

13. Capital Costs

There are no capital costs associated with this study.

14. Annualized Costs to the Federal Government

Since these are onetime information collection activities, the total estimated cost is also the annualized cost.

Surveys of Eligible Professionals and Administrators

We will contact 8,400 eligible professionals and administrators at solo and group practices selected from the survey sampling frame provided from the analysis of program and claims data to participate in the survey. We will offer a differential incentive to complete the survey via the Web method—\$100 gift card for Web completion versus \$50 for mail completion. We anticipate a 50-percent response rate yielding 4,200 respondents, with 60 percent of respondents using electronic means and 40 percent using paper/mail.

Hours: 500 hours including design, methodology, formulating questions, writing and testing survey, implementation, data collection, data analyses, and report.

Operational expenses:

Incentives:	\$336,000
Equipment/supplies:	\$1,000
Overhead:	\$50,000
Printing and mailing:	\$30,000
Support staff:	Support staff will be used to answer questions and phone calls about the surveys and are included in the 500 hours.

Total: \$ 492,000.

Survey of Medicare Beneficiaries

We will contact approximately 4,200 beneficiaries with an anticipated ineligibility rate of 10 percent, yielding an eligible sample of 3,750. The estimated response rate is between 30 and 35 percent, yielding approximately 1,275 completed surveys.

Hours: 670 hours including design, methodology, formulating questions, writing and testing survey, implementation, data collection, data analyses, and report.

Operational expenses:

Incentives:	\$8,400
Equipment/supplies:	\$2,000
Overhead:	\$112,320
Printing and mailing:	\$15,000
Support staff:	Support staff will be used to answer questions and phone calls about the surveys and are included in the 670 hours.

Total: \$ 238,220.

Interviews of Eligible Professionals and Administrators

A small percentage of surveyed eligible professionals and administrators will be the subject of more in-depth interviews to elicit information not amenable to a survey. We will interview 25 eligible professionals and 25 administrators, offering an incentive of \$100 in the form of a gift card.

Hours: 150 hours including design, methodology, formulating topic guides, writing and testing topic guides, implementation, data collection, data analyses, and report.

Operational expenses:

Incentives:	\$5,000
Equipment/supplies:	\$100
Overhead:	\$1,000
Printing:	\$100
Support staff:	Support staff will be used to answer questions and phone calls about the surveys and are included in the 150 hours.

Total: \$28,700.

Federal FTE on Project

GS 13-2 salary at 20 percent FTE	\$27,000
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Total: \$27,000.

Total Cost to the Government:

Surveys of Eligible Professionals and Administrators	\$492,000
Survey of Medicare Beneficiaries	\$238,220
Interviews of Eligible Professionals and Administrators	\$28,700
Federal FTE on Project	<u>\$27,000</u>
Total	<u>\$785,920</u>

15. Changes to Burden

The sample size for eligible professionals and administrators increased from 2,100 to 8,400. The main reason for the increase is to ensure acceptable precision in the estimates for the various cell strata after determination of what those strata would be. The figure of 8,400 was arrived at using conventional power calculation formulas.

There is also a change in reporting burden from \$28,003.50 to \$112,014.00, a four-fold increase. The change is solely due to the quadrupling the sample size from 2,100 to 8,400. Total annual hours burden increased by the same multiple, from 210 to 840. Time per response, hourly cost burden, and cost per response are unchanged.

Following is a summary of changes to the instruments: The list of specialties in the electronic version of the Eligible Professional Survey was revised based upon comments received to the 60-day notice in the *Federal Register*. Other changes were made to dates in the electronic and hardcopy version of the Eligible Professional Survey, the electronic version of the Administrator Survey, and the hardcopy version of the Administrator Survey to adjust for the surveys being initiated in 2014 instead of 2013 (Attachment F).

16. Publication/Dates

Data collected for this evaluation study will be published. The schedule of major activities for the study is as follows:

Activity	Start Date	End Date
Develop Surveys of Eligible Professionals and Administrators Instruments	December 2012	February 2013
Develop Interviews of Eligible Professionals and Administrators Modules	December 2012	February 2013
Develop Survey of Medicare Beneficiaries Instrument	December 2012	February 2013
Request OMB Clearance	April 2013	December 2013
Conduct Survey of Eligible Professionals and Administrators	January 2014	February 2014
Conduct Interviews of Eligible Professionals and Administrators	January 2014	February 2014
Conduct Survey of Medicare Beneficiaries	January 2014	March 2014
Analyze Data	February 2014	April 2014
Develop Reports	May 2014	July 2014

17. Display of Expiration Date

The expiration date will be displayed on the cover page of the Surveys of Eligible Professionals and Administrators and the Survey of Medicare Beneficiaries and on the invitation letter for the Interviews of Eligible Professionals and Administrators.