U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OFFICE OF MANAGEMENT AND BUDGET
PAPERWORK REDUCTION ACT
CLEARANCE PACKAGE

SUPPORTING STATEMENT-PART A

ACA 3004 Hospice Quality Reporting Program:
Program Evaluation

Supporting Statement for Paperwork Reduction Act Submissions
Part A

ACA 3004 Hospice Quality Reporting Program:
Program Evaluation

A. BACKGROUND

Section 3004(c) of the Patient Protection and Affordable Care Act (ACA) added section 1814(i)(5) to the Social Security Act (the Act) and mandated that the Centers for Medicare & Medicaid Services (CMS) establish a quality reporting program for hospices. This program requires that quality data be submitted by hospice providers in a form, manner, and time specified by the Secretary. Beginning in fiscal year (FY) 2014, section 1814(i)(5)(A)(i) of the Act requires the reduction of the market basket percentage increase by 2 percentage points for any hospice that fails to submit data to the Secretary in accordance with requirements established by the Secretary for that fiscal year.

The CMS has established quality reporting and public reporting programs for various care settings with the goal of promoting higher quality and more efficient healthcare. These programs have helped focus quality improvement efforts and provide stakeholders information needed for decision-making. The following are examples of some of the healthcare services that are measured through the CMS quality measurement programs: (1) hospital inpatient services are monitored through the Hospital Inpatient Quality Reporting (IQR) Program; (2) hospital outpatient services are monitored with the Hospital Outpatient Quality Reporting (OQR) Program; and, (3) the quality of services rendered by physicians and other eligible professionals' services are monitored with the Physician Quality Reporting System (PQRS). In addition, CMS has implemented quality reporting programs for home health agencies and nursing facilities.

B.   JUSTIFICATION

1. Need and Legal Basis

Section 3004(c) of the Affordable Care Act (ACA) established the Hospice Quality Reporting Program (HQRP). CMS's overall goals for quality reporting is to improve quality of care, improve patient health, and lower healthcare costs. The HQRP requires data related to quality measures to be submitted to CMS in a time, form and manner as specified by the Secretary. Eventually, as statutorily required, CMS will publicly report the data once those providers have had the opportunity to review that data before it is made public.

CMS has experience in implementing, monitoring, and evaluating QRPs. Such activities have been established for the inpatient and outpatient settings. CMS is interested in exploring how hospice providers are responding to the new QRP and its measures. We believe that it is important to understand early trends in outcomes, to make adjustments as needed to enhance the effectiveness of the program, and to seek opportunities to minimize provider burden, and ensure the quality reporting program is useful and meaningful to the providers.

In order to implement and execute a valid and meaningful QRP program evaluation, it is essential that the data collected not only be accurate, but that CMS is able to evaluate the success of the program to determine if it is meeting its stated goals. Therefore, we believe that ongoing programmatic evaluation such as the monitoring of its processes, requirements and impact is both fundamental and essential for evaluating overall programmatic impact. In this, we believe it is important for CMS to be informed about providers' experiences related to the program.

We believe that the data collection from the HQRP program evaluation will help inform CMS in next steps related to Monitoring and Evaluation-related activities; particularly related to monitoring. It is essential to perform monitoring and evaluation (M&E) activities over the life of a program to understand how well the program is meeting its intended goals and to discover any need for program improvement. *Monitoring* (formative evaluation) is an "early warning" system for alerting CMS of both anticipated and unanticipated interim trends and patterns related to program implementation and performance in near to real time. Goals related to monitoring efforts include:
- Enabling early intervention if any changes to the program are necessary
- Determining if those implementing the program require technical assistance
- Providing stakeholders with information on early achievements

Monitoring activities are implemented at the start of a program to track the positive, negative, or unanticipated effects of the program in real time. The HQRP's program evaluation would serve such early, first steps. Such first steps enables the building of trust between CMS and its stakeholders who can serve to inform CMS in its decision making about any needed changes in the QRP, as well to identify how to best meet the needs of providers in anticipation of how they will use the information gleaned from monitoring and evaluation-related activities. This survey/interview would allow for direct feedback from providers to obtain their perspective and build upon that partnership for more formal dialogue in the future, as the QRP matures. Therefore, the purpose of evaluating the HQRP is multi-fold, including: determining how providers are responding to the new QRP, the mechanisms utilized by providers to collect and report data (inclusive of determining the accuracy of that data), burden, practices related to data collection, use of EHRs, etc., and the overall impact and influences of the QRP on healthcare outcomes. We believe that this program is a learning opportunity for the providers and for CMS.

The methodology employed in the evaluation is the utilization of qualitative interviews (as opposed to quantitative statistical methods). In consultation with research experts CMS has decided that at this juncture it would be meaningful to use a rich, contextual approach to evaluate the process and success of the QRP initiative. A qualitative approach uses a semi-structured interview methodology (i.e., wording and order of questions is not expected to be

precisely the same for all providers). The goal of a qualitative interview process is to elicit information from participants while minimizing response bias, and allowing the subject to lead the discussion. Outlined in this PRA are seven (7) discussion topics (listed as questions), with probable follow-up topics, but each discussion is likely to take on its own characteristic. The decision to pursue this methodology (i.e., qualitative) was informed by our earlier pilot discussions with a small number of providers (i.e., less than nine) in 2013, in which we learned that providers are anxious to have their voice heard, but that they did not feel comfortable expressing themselves fully in public open door forums. Providers desired some level of confidentiality, which this methodology affords.

To perform this program evaluation activity, CMS will be seeking voluntary, provider input in this program evaluation. CMS, in collaboration with its contractor will be reviewing the input from providers to help direct the future actions of the QRP. Voluntary participation in this phase of the evaluation of the new QRP can be beneficial to the provider facilities by lending them a voice in how the QRP continues in its implementation. Participation by the hospice is fully voluntary with no risk of penalty if the decision is made to not participate.

2. Information Users

- Data Submitters –Hospices (participation is on a voluntary basis)

- Data Users:

    – **CMS – CCSQ / QMHAG / Division of Chronic & Post-Acute Care (DCPAC)** The intended use of the information collected is to help inform CMS of provider experience related to the QRPs, such as program impact related to quality improvement, burden, process-related issues, and education. This will also inform future measurement development for the HQRP, future steps related to data validation, as well as future monitoring and evaluation. General findings may be used to discuss CMS' future efforts in the QRP.

    – **Health Care Innovation Services (HCIS)** –CMS' data analysis contractor will obtain the data on behalf of CMS and will perform the above-described program evaluation activities with the information that is obtained.

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3. Use of Information Technology

The information to be collected as part of the HQRP's program evaluation activities will be collected using a personal interview technique (either in person or via telephone). This information will be used for CMS internal purposes and will not be posted for public display. Hospice providers will not be asked to provide any information to CMS using any type of information technology.

4. Duplication of Efforts

This information collection does not duplicate any other effort.

5. Small Businesses

Participation in the evaluation activities of the HQRP will have little, if any, effect on hospices that are considered to be small businesses because provider participation during this phase is completely voluntary and there will be no penalty placed on a hospice for non-participation.

6. Less Frequent Collection

Program evaluation will involve using a qualitative structured interview process to learn from providers how the QRP has impacted their service delivery; how they capture, record, and validate data; and any barriers or obstacles to data accuracy. Qualitative data involves analysis for thematic patterns and does not include statistical analysis that is associated with quantitative data methods.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on March 10, 2014. There were no comments received.

9. Payment/Gifts to Respondents

There will be no payments/gifts to hospices for participation. There are no penalties for non-participation.

10. Confidentiality

No patient level data will be collected as part of this process. All participants will be notified that everything they say will be confidential. Data will be treated in a confidential manner, unless otherwise compelled by law.

11. Sensitive Questions

No personal health information (PHI) will be collected as part of the process. Interview subjects will be informed that they can choose to not answer any question(s) that they feel uncomfortable answering.

12. Burden Estimates (Hours & Wages)

The following is an estimate of the estimated burden that hospice providers will incur as result of voluntary participation in the HQRP: Program Evaluation.

1. Time Burden Calculation
- Number of hospices to participate in evaluation process: 30
- Data collection method to be used: In-person or telephone interviews
- Number of staff at each hospice location to be interviewed: 2
- Job titles of hospice staff to be interviewed:
    a. Nursing Administrator (i.e. - Director of Nursing / Nurse Manager of Hospice)
    b. Infection Control/Quality Assurance Coordinator (Registered Nurse)

- Number of questions to be used in interview = 7 questions
- Estimated average time required to complete each interview question = 9 minutes

    Estimated Time Required to Complete Interviews of 2 Hospice staff = 126 minutes
    7 questions per interview x 9 minutes per question = 63 minutes (Nurse Administrator)
    7 questions per interview x 9 minutes per question = 63 minutes (IC/QAC Nurse)
    126 minutes / 60 minutes per hour = 2.1 hours

    Other Estimated Burden Associated with Hospice Monitoring Program = 15 minutes
- Estimated time spent by the hospice to arrange for participation in Program = 15 minutes (i.e. – prepare for CMS arrival at facility, introductions to staff, explanations of interview, preparations, time between interviews, etc.)

    126 minutes - Interviews of 2 hospice nurses
    15 minutes - Time spent by provider to arrange for participation in program
    141 minutes – Total estimated time per each hospice

- 141 minutes/60 minutes per hour = 2.35 hours
- 2.35 hours per each hospice x 30 Hospices **=** 71 hours across 30 hospices to be interviewed

2. **Wage Calculation**

We estimate that the following tasks will be performed by the Nurse Administrator:

Estimated average time for interview by CMS representative   63 minutes

Total   63 minutes

We estimate that the following task will be performed by the IC/QAC Nurse:

Estimated average time for preparation and interview: 78 minutes

According to Salary.com and the U.S. Bureau of Labor Statistic, the average hourly wages for the nurses that CMS plans to interview are as follows:

Job Title	Avg. Hourly Wage	Estimated Yearly Wage
Nurse Administrator	$40.52	$84,282 per year[1]
Infection Control/ Quality Assurance Nurse	$34.78	$72,351 per year[2]

Nurse Administrator Wages:

a. Wages per each hospice:
63 minutes / 60 minutes per hour = 1.05 hours
1.05 hours x $40.52 per hour = $42.55 [3]

b. Across all 30 hospices
1.05 hours x 30 Hospice= 31.5 hours
31.5 hours x $40.52 per hour = $1,276.38

Infection Control/Quality Assurance Coordinator Nurse Wages:

a. Wages per each hospice**:**
78 minutes / 60 minutes per hour = 1.3 hours
1.3 hours x $34.78 per hour = $45.21[4]

b. Across all 30 hospices:
1.3 hours x 30 hospice = 39 hours
39 hours x $34.78 per hour = $1,356.42
Total Estimated Wages Incurred for Program Evaluation Activities:
$ 42.55[5]   Nurse Administrator Wages

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[1] See http://www.bls.gov/ooh/Management/Medical-and-health-services-managers.htm

[2]   http://www1.salary.com/Quality-Assurance-Coordinator-Healthcare-salary.html

[3]   This number is rounded to the nearest cent (i.e., $42.546)...

[4]   This number is rounded to the nearest cent (i.e., $45.214)...

$ 45.21[6]   Infection Control/Quality Assurance Coordinator Nurse Wages
$87.76   TOTAL

Total Estimated Wages to be incurred across 30 Participating Hospices for Program Evaluation Activities:
$1,276.38   Nurse Administrator Wages
$1,356.42   Infection Control/Quality Assurance Coordinator Nurse Wages
$2,632.80   TOTAL

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

CMS will use their data analysis contractor, HCIS to assist them with the administration of the HQRP: Program Evaluation. CMS will incur costs associated with the work performed by this contractor. The estimated cost to the government for the work to be performed by HCIS is estimated to be $125,000.

The work to be performed by HCIS for HQRP evaluation activities include the following tasks: (1) to give notice and educational information to Hospices about the new HQRP: Program Evaluation; (2) to invite hospices to voluntarily participate in the program; (3) to select 30 Hospices for participate in the HQRP: Program Evaluation; (4) to perform interviews with two nurses at each selected hospice; (5) to compile and analyze all data obtained from the staff interviews at each selected hospice; (6) to provide CMS with a report which summarizes the data obtained, then states findings, conclusions, and recommendations.

15. Changes to Burden

This is a new data collection.

16. Publication/Tabulation Dates

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[5]   This number is rounded to the nearest cent (i.e., $42.546).

[6]   This number is rounded to the nearest cent (i.e., $45.214)

CMS may use the data collected to inform the HQRP as it develops however, at this time the data is not intended for public display. In the future CMS may find that the publication of general findings are informative and useful for public benefit.

17. Expiration Date

Not applicable because no written materials will be disseminated to providers.