
Supporting Statement A for HCAHPS Mode Experiment

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Prepared for
CMS

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TABLE OF CONTENTS

SUPPORTING STATEMENT 4

Introduction 4

A. Justification 4

 A1. Necessity of Information Collection 4

 A2. Purpose and Use of Information..... 5

 A3. Technological Collection Techniques 5

 A4. Identifying Duplication 5

 A5. Impact on Small Businesses 6

 A6. Consequences of Less Frequent Data Collection 6

 A7. Special Circumstances 6

 A8. CMS Federal Register Notice 6

 A9. Respondent Payments or Gifts 6

 A10. Assurance of Confidentiality..... 6

 A11. Sensitive Questions 6

 A12. Burden of Information Collection..... 6

 A13. Capital Costs..... 7

 A14. Cost to the Federal Government 7

 A15. Program Changes or Adjustments to Annual Burden 8

 A16. Tabulation and Publication of Results 8

 A17. Display of OMB Expiration Date 8

 A18. Exceptions to the Certification Statement 8

SUPPORTING STATEMENT A
Hospital Consumer Assessment of Healthcare Providers
and Systems (HCAHPS) Mode Experiment

Introduction

The Centers for Medicare & Medicaid Services (CMS) request a three-year clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to conduct an HCAHPS mode experiment.

Under Contract Number HHSM-500-2014-00421G the project team will design and conduct the mode experiment. Analysis of data generated by the experiment will be conducted under Contract Number HHSM-500-2014-00387G.

This request seeks approval of 1,322.1 hours of respondent burden to assess patient experience with hospital care. The additional hours are required to provide sufficient patient-level survey responses to determine if existing HCAHPS adjustments for mode of administration require refinement, and, to determine the effect of the number of supplemental items on unit response rate and response patterns for the “About You” items.

A. Justification

A1. Necessity of Information Collection

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, also known as the CAHPS® Hospital Survey or Hospital CAHPS®, is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients' perspectives of hospital care. While many hospitals collect information on patient satisfaction, HCAHPS created a national standard for collecting and public reporting information that enables valid comparisons to be made across all hospitals to support consumer choice.

Three broad goals shape CMS' use of the HCAHPS Survey. First, the survey is designed to produce comparable data on patients' perspectives of care that allows objective and meaningful comparisons among hospitals on topics that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve quality of care. Third, public reporting serves to enhance public accountability in health care by increasing transparency. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful, and practical.

These steps include the conduct of mode experiments to inform the development of survey administration protocols and analytic adjustments that ensure comparability across entities despite differences in mode of survey administration (Giordano, Elliott et al. 2010). Prior HCAHPS mode experiments have found that the telephone mode generally yields more positive responses than mail mode, and that even mode effects that are small at the patient

level can be quite large at the level of the evaluated entity (e.g. hospital); failure to adjust for survey mode can bias rankings by as much as 20 to 30 percent (Elliott, Zaslavsky et al. 2009).

Mode effects can be addressed with precise analytic adjustments developed in large-scale mode experiments. These adjustments are specific to the administered survey items; although mode adjustments were available for core HCAHPS items from the first HCAHPS mode experiment, an additional mode experiment was conducted to develop adjustments for newly added HCAHPS care transition items. CMS will conduct a new mode experiment of sufficient scale to examine and identify changes in mode effects since the last mode experiment that was conducted in 2006¹ and if necessary, provide precise adjustment estimates for use with the current 32-item HCAHPS survey.

A2. Purpose and Use of Information

Hospital-level scores derived from national implementation of HCAHPS are publicly reported quality data on CMS' Hospital Compare website. CMS' HCAHPS initiative allows vendors to select one mode of survey administration from four approved administration protocols (mail only, telephone only, mail-telephone mixed mode, and touch-tone IVR only). Before public reporting, HCAHPS scores are adjusted for the selected mode of administration, using mail administration as the comparison mode, to correct for any inflation or deflation of scores that are a result of mode. The current mode adjustments employed for HCAHPS are the product of two separate mode experiments conducted using different versions of the survey and different sample. The purpose of the planned HCAHPS mode experiment is to conduct a mode experiment of sufficient sample and scale to determine if the mode adjustments currently employed for the 32-item HCAHPS core survey need revision. An additional goal is to collect empirical evidence on the effect of the number of additional supplemental items on survey response rate and patterns of response to the HCAHPS core demographic items (known as "About You" items).

A3. Technological Collection Techniques

The mode experiment will employ HCAHPS' four approved administration protocols: mail only, telephone only, mail-telephone mixed mode, and touch-tone IVR only. The telephone only and mail-telephone mixed mode protocols will use computer assisted telephone interviewing (CATI) to assure the survey items are administered in the required order and to minimize interviewer-error in the conduct of the survey by telephone. The touch-tone IVR protocol uses interactive voice response technology in which all survey participants receive the same audio recording of question text and response options and use the touch-tone keypad of their telephone to answer each question or request assistance from a live interviewer. IVR assures the survey items are administered in the

¹ The original HCAHPS mode experiment, conducted in 2006, produced survey adjustments, patient-mix adjustments and non-response analyses that have been integral to the public reporting of HCAHPS results since 2008.

required order, that survey items are “read” identically for each survey participant, and minimizes any error or bias introduced by the presence of a “live” interviewer.

A4. Identifying Duplication

No standardized, national mode experiment conducted with the 32-item HCAHPS survey, employing all HCAHPS modes of survey administration, and of sufficient sample size to inform refinements to all HCAHPS mode adjustments exists.

A5. Impact on Small Businesses

Survey respondents are adults who have had been recently discharged from an inpatient care episode. The survey should not impact small businesses or other small entities.

A6. Consequences of Less Frequent Data Collection

Data collection will occur once. If data are not collected, CMS will not be able to determine if the existing HCAHPS mode adjustments require refinement. Additionally, CMS will be unable to determine if the number of supplemental items has an impact on unit-level response or patterns of response to the “About You” survey items.

A7. Special Circumstances

There are no special circumstances associated with this information collection request.

A8. CMS Federal Register Notice

The 60-day Federal Register notice published on November 28, 2014 (79 FR 70870). Comments were received, but there were no program changes or adjustments as a result of those comments. The comment and our response are added to this PRA package.

A9. Respondent Payments or Gifts

This data collection will not include respondent incentive payments or gifts.

A10. Assurance of Confidentiality

Individuals contacted as part of this data collection are informed that their answers may be shared with the hospital for the purposes of quality improvement.

A11. Sensitive Questions

The survey does not include any questions of a sensitive nature.

A12. Burden of Information Collection

CMS will field five versions of HCAHPS, one version of core items only and four

versions of core plus differing numbers of supplemental items. Exhibit 1 below details the total number of survey items in each version and the average administration time for each version. Administration time is based on CMS and RAND’s experience with prior HCAHPS mode tests as well as experience with CAHPS supplemental items.

The HCAHPS only version of the survey contains 32 items and is estimated to require in an average administration time of 8 minutes (at a pace of 4 items per minute) or 0.133 hours.

Survey Versions and Item Counts¹

Survey Version	Number of HCAHPS Core items	Number of Supplemental Items	Total Survey Items	Average Time to Complete (minutes)
HCAHPS*	32	0	32	8.00
HCAHPS+9	32	9	41	10.25
HCAHPS+16	32	16	48	12.00
HCAHPS+27	32	27	59	14.75
HCAHPS+44	32	44	76	19.00

***This survey instrument is currently approved by OMB under OCN 0938-0981 (CMS-10102) as part of the National Implementation of Hospital Consumer Assessment of Health Providers and Systems (HCAHPS). While we recognize OMB’s approval, the burden proposed in this PRA package is for respondents randomized to complete the survey under this package’s proposed mode experiment.

Exhibit 2 shows the estimated annualized burden in hours and dollars for the respondents' time to participate in this data collection. As noted above, these burden and pace estimates, are based on CMS’ experience with prior HCAHPS mode experiments and with experience fielding surveys of similar length. As indicated below, the annual total burden hours are estimated to be 1,322.1 hours and the annual total cost burden is estimated to be \$33,564.

Exhibit 2. Estimated annualized burden hours and cost

Survey Version	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
HCAHPS**	4,080	1	.133	544.0	\$22.77	\$12,387
HCAHPS+9	885	1	.171	151.2	\$22.77	\$3,443
HCAHPS+16	885	1	.200	177.0	\$22.77	\$4,030
HCAHPS+27	1,830	1	.246	449.9	\$22.77	\$10,244
HCAHPS+44	480	1	.317	152.0	\$22.77	\$3,461
Totals	8,160			1474.10		\$33,565

* Based upon mean hourly wages, “National Compensation Survey: All United States December 2009 – January 2011,” U.S. Department of Labor, Bureau of Labor Statistics.

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¹ As indicated in the HCAHPS OMB statement, HCAHPS is estimated to require 8 minutes to complete; at 32-items this is an average rate or pace of 4 items per minute. The HCAHPS pace of 4 items per minute has been used to estimate the average completion time for each survey version.

A13. Capital Costs

Survey participants will incur no capital costs as a result of participation.

A14. Cost to the Federal Government

The annual cost for sampling, data collection is \$906,461 and the annual cost for analysis is \$161,000, for a total cost of \$1,067,461.

A15. Program Changes or Adjustments to Annual Burden

This is a new information collection request.

A16. Tabulation and Publication of Results

We anticipate that the analysis plan will include (1) development and evaluation of mode adjustment models, (2) evaluation of survey length on response rate by mode, and (3) evaluation of patterns of response to items within the "About You" survey section by survey length and mode. All aspects of these analyses will be described in a report to CMS.

A17. Display of OMB Expiration Date

The expiration date for OMB approval of this information collection will be displayed on the survey.

A18. Exceptions to the Certification Statement

There are no exceptions to the certification statement identified in item 19 of OMB Form 83-I associated with this data collection effort.

References

- Elliott MN, Zaslavsky AM, Goldstein E, Lehrman W, Hambarsoomian K, Beckett MK, Giordano L. (2009). "Effects of Survey Mode, Patient Mix, and Nonresponse on CAHPS Hospital Survey Scores." *Health Services Research* 44(2p1): 501-518.
- Giordano LA, Elliott MN, Goldstein E, Lehrman WG, & Spencer PA. (2010). "Development, Implementation and Public Reporting of the HCAHPS Survey." *Medical Care Research and Review* 67: 27-37.