Attachment VI. — Summary of Interview Content (included with recruitment letter)

2018 National Impact Assessment of Medicare Quality Measures Summary of Hospital Interview Content

Purpose of Interview

Every three years, the Centers for Medicare & Medicaid Services (CMS) is required by law to conduct an assessment of the impact of Medicare's use of performance measures. The performance measures evaluate the quality and efficiency of care provided. Medicare uses these measures in a variety of ways, such as publicly reporting results on the Medicare Hospital Compare website to help consumers with choosing providers and, in some cases, paying providers differentially based on their performance.

As part of this assessment, the RAND Corporation has been asked by Health Services Advisory Group, Inc. (HSAG), on behalf of CMS, to conduct interviews with hospital leaders on their organizations' experiences in reporting and working to improve performance on CMS quality and efficiency measures.

Interview Content

This interview will focus on how Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) measures have affected the quality and efficiency of care at your hospital. A list of these measures is attached.

Interview questions will ask about:

- 1) The types of changes your organization has made in response to reporting performance data to Medicare and ways in which these investments may have impacted your hospital's performance on the measures.
- 2) Any barriers you may have faced in submitting the data or improving performance on these measures. (For example, have your hospital's IT resources limited your efforts to report or improve performance on any of these measures?)
- 3) Any undesired effects that may have resulted from CMS measurement programs. Has improved performance on some measures "spilled over" to create improvements in other clinical areas, for example, or do you see less improvement in areas of care where performance is not being measured?
- 4) Factors that have helped and/or hindered your hospital's efforts to perform highly on CMS quality and efficiency measures

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-NEW**. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.