

SUPPORTING STATEMENT

Part A

**Collection of Information for
Agency for Healthcare Research and Quality's (AHRQ)
Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Clinician and Group Survey Comparative Database**

May 2015

Agency of Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that Make the Collection of Information Necessary

AHRQ's mission. The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see <http://www.ahrq.gov/hrqa99.pdf>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. Research that develops and presents scientific evidence regarding all aspects of health care; and
2. Synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. Initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Request for information collection approval. The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) reapprove, under the Paperwork Reduction Act of 1995, AHRQ's collection of information for the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Clinicians and Groups: OMB Control number 0935-0197, last approved on June 8, 2012. The CAHPS Clinician and Group Database (CAHPS CG Database) consists of data from the AHRQ CAHPS Clinician and Group Survey (CAHPS CG Survey). Health systems administrators, medical groups and medical practitioners in the U.S. are asked to voluntarily submit data from the CAHPS CG Survey to AHRQ, through its contractor, Westat.

Background on the CAHPS Clinician and Group Survey. The CAHPS Clinician and Group Survey ("the CAHPS CG Survey") is a tool for collecting standardized information on patients' experiences with physicians and staff in outpatient medical practices, enabling clinicians and administrators to assess and improve patients' experiences with medical care. The CAHPS CG survey is a product of the CAHPS[®] program, which is funded and administered by AHRQ. AHRQ works closely with a consortium of public and private research organizations to develop and maintain surveys and tools to advance patient-centered care. CAHPS[®] is a registered trademark of AHRQ. In 1999, the CAHPS Consortium began work on a survey that would assess patients' experiences with medical

groups and clinicians. The CAHPS Consortium developed a preliminary instrument known as the CAHPS Group Practices Survey (G-CAHPS), with input from the Pacific Business Group on Health, whose Consumer Assessment Survey established a precedent for this type of instrument.

In August 2004, AHRQ issued a notice in the *Federal Register* inviting organizations to test the CAHPS CG Survey. These field test organizations were crucial partners in the evolution and development of the instrument, and provided critical data illuminating key aspects of survey design and administration. In July 2007 the CAHPS CG Survey was endorsed by the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting. The endorsement represents the consensus of many health care providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. The CAHPS CG Survey and related toolkit materials are available on the CAHPS web site at <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>. Since its release, the survey has been used by thousands of physicians and medical practices across the U.S.

The current CAHPS Consortium includes AHRQ, the Centers for Medicare & Medicaid Services (CMS), RAND, Yale School of Public Health, and Westat.

AHRQ developed the database for CAHPS CG Survey data following the CAHPS Health Plan Database as a model. The CAHPS Health Plan Database was developed in 1998 in response to requests from health plans, purchasers, and CMS for comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement (OMB Control Number 0935-0165, expiration 5/31/2017). Demand for comparative results from the CG Survey has grown as well, and therefore AHRQ developed a dedicated CAHPS Clinician and Group Database to support benchmarking, quality improvement, and research (OMB Control Number 0935-0197, expiration 06/30/2015).

Rationale for the information collection. The CAHPS Database contains data from AHRQ's standardized CAHPS Surveys which provide comparative measures of quality to health care purchasers, consumers, regulators, and policy makers. The CAHPS Database also provides data for AHRQ's annual National Healthcare Quality and National Healthcare Disparities Reports.

Health systems, medical groups and practices that administer the CAHPS Clinician & Group Survey according to CAHPS specifications can participate in this project. A health system is a complex of facilities, organizations, and providers of health care in a specified geographic area. A medical group is defined as a medical group, Accountable Care Organization (ACO), state organization or some other grouping of medical practices. A practice is an outpatient facility in a specific location whose physicians and other providers share administrative and clinical support staff. Each practice located in a building containing multiple medical offices is considered a separate practice.

The goal of this project is to renew the CAHPS CG Database. This database will

continue to update the CAHPS CG Database with the latest results of the CAHPS CG Survey. These results consist of 34 items that measure 5 areas or composites of patients' experiences with physicians and staff in outpatient medical practices. This database:

- 1) Allows participating organizations to compare their survey results with those of other outpatient medical groups;
- 2) Provides data to medical groups and practices to facilitate internal assessment and learning in the quality improvement process; and
- 3) Provides information to help identify strengths and areas with potential for improvement in patient care. The five composite measures are:

Getting Timely Appointments, Care, and Information
How Well Providers Communicate With Patients
Helpful, Courteous, and Respectful Office Staff
Care Coordination
Patients' Rating of the Provider

The collection of information for the CAHPS CG Database for Clinicians and Groups is being conducted pursuant to AHRQ's statutory authority to conduct and support research on healthcare and systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services; quality measurement and improvement; and health surveys and database development 42 U.S.C. 299a(a)(1), (2) and (8).

Method of Collection

To achieve the goal of this project, the following activities and data collections will be implemented:

- 1) Registration Form – The purpose of this form is to determine the eligibility status and initiate the registration process for participating organizations seeking to voluntarily submit their CAHPS CG survey data to the CAHPS CG Database. The point of contact (POC) at the participating organization (or parent organization) will complete the form (see Attachment A). The POC is either a corporate-level health care manager or a survey vendor who contracts with a participating organization to collect the CAHPS CG survey data.
- 2) Data Use Agreement – The purpose of this DUA is to obtain authorization from participating organizations to use their voluntarily submitted CAHPS CG survey data for analysis and reporting according to the terms specified in the Data Use Agreement (DUA). The POC at the organization will complete the form (see Attachment B). Vendors do not sign the DUA.
- 3) Data Submission – The number of submissions to the database may vary each year because medical groups and practices may not administer the survey and submit data each year. Data submission is typically handled by one POC who is either a health system, medical group or practice or a survey vendor who contracts with the medical

group or practice to collect their data. After the POC has completed the Registration Form and the Data Use Agreement, they will submit their patient-level data from the CAHPS CG survey to the CAHPS CG Database. Data on the organizational characteristics such as ownership, number of patient visits per year, medical specialty, and information related to survey administration such as mode, dates of survey administration, sample size, and response rate, which are collected as part of CAHPS CG survey operations are also submitted. Each submission will consist of 3 data files: 1) a Group File that contains information about the group ownership and size of group, 2) a Practice File containing type of practice, the practice ownership and affiliation (i.e., commercial, hospital or integrated delivery system, insurance company, university or medical school, community health center, VA or military) and number of patient visits per year, and 3) a Sample File that contains one record for each patient surveyed, the date of visit, survey disposition code and information about survey completion.

2. Purpose and Use of Information

Survey data from the CAHPS CG Database is used to produce four types of products: 1) an online reporting of results available to the public on the CAHPS Database web site; 2) individual participant comparative reports that are confidential and customized for each participating organization that submits their data, 3) an annual Chartbook that presents summary-level results in a downloadable PDF file; and 4) a dataset available to researchers for additional analyses.

Information for the CAHPS CG Database has been collected by AHRQ through its contractor Westat on an annual basis since 2010. Participating organizations are asked to voluntarily submit their data to the CAHPS CG Database each year. The data is cleaned with standardized programs, then aggregated and used to produce comparative results. In addition, reports are produced that compare the participating organizations' results to the database in a password-protected section of the CAHPS CG Database online reporting system.

Comparative Database results and individual participant reports can serve a variety of purposes:

- Identifying areas for quality improvement at multiple levels, including medical group, practice site, and individual practitioner.
- Briefing senior leadership on patients' views of the healthcare they receive
- Supporting public reporting of patients' assessments of care
- Combining with other quality measures to examine health care outcomes

The CAHPS CG Database supports research by providing an analytic database. Much like the CAHPS Health Plan Database developed in 1998 (OMB Control Number 0935-0165, Expiration Date 5/31/2017), researchers can use the CAHPS CG Survey Comparative Database to examine:

- Disparities in CAHPS satisfaction scores by racial and ethnic characteristics of patients
- Comparisons of adult and child CAHPS survey results

- Analysis of case-mix factors affecting CAHPS scores, such as patient age, education, and self-reported health status,

3. Use of Improved Information Technology

All information for the CAHPS CG Database is collected electronically, except the Data Use Agreement (DUA) that a participating organization signs in hard copy and returns by fax, mail or uploads electronically. Registration is performed online and data submission information and data upload are handled through a secure web site. Delivery of confidential survey results is also done electronically through a secure web site; the results are published online where submitters of the CAHPS CG survey data enter a username and password to access their reports.

4. Efforts to Identify Duplication

While there are many survey vendors that collect the CAHPS CG Survey data and may maintain databases of their own clients' data, AHRQ is the only entity that serves as a central comprehensive repository of CAHPS survey data.

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 and is likely already being compiled by survey vendors.

6. Consequences if Information Collected Less Frequently

CG Survey data will be collected and reported once a year. Less frequent data collection and delivery of individual feedback reports would prevent timely evaluation and implementation of quality improvement efforts by participating organizations.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on August 11, 2015 on page 48110 for 60 days (see attachment C).

8.b. Outside Consultations

The CAHPS maintains a Technical Expert Panel (TEP) to provide expertise and guidance to the development, functioning, and expansion of the CAHPS Databases. The last TEP was convened February 13, 2014 and is comprised of 19 people who represent a wide range of stakeholders in the CAHPS surveys. They were invited by the CAHPS Consortium to provide input over the next 4 years of activities and direction of AHRQ's CAHPS program. The current composition of the TEP is included in Attachment D.

9. Payments/Gifts to Respondents

No payment or remuneration is provided to participating organizations for submitting data to the CAHPS CG Database.

10. Assurance of Confidentiality

Participating organizations are assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

Confidentiality of the Point-of-Contact for a Participating Organization. The participating organization's point of contact (POC) who submits the data is asked to provide their name, phone number and email address, and to identify the organization type such as a health system, medical group, practice or vendor. The POC provides the participating organization's name and email address during the data submission process to ensure that the feedback report is delivered only to that person for use by the participating organization. The submitter's contact information is important when any clarifications or corrections of the submitted data set are required or follow-up is needed. However, the name of the POC and of the organization are kept confidential and not publicly reported. Only aggregated, de-identified results are displayed in any public reports.

Confidentiality of the Survey Data Submitted. Participating organizations are assured of the confidentiality of their CAHPS CG Survey data through a Data Use Agreement (DUA) that they must sign and that has been approved by AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality, that the data will be used only for the purposes of the database, that only aggregated results will be reported to the public, and that the participating organization will not be identified by name.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated burden hours for the respondent to participate in the CAHPS CG Database. The 20 POCs in exhibit 1 are the number of estimated vendors. The 240 POCs in exhibit 1 are the number of estimated participating Health/Medical entities.

Each vendor will register online for submission. The online Registration form (see Attachment A) will require about 5 minutes to complete. The data use agreement will be completed by the 240 participating Health/Medical entities. Vendors do not sign DUAs. The DUA requires about 3 minutes to sign and return by fax, mail or to upload directly in the submission system. Each submitter will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the CAHPS CG Database. The number of data submissions per POC will vary because some may submit data for multiple practices, while others may submit data for only one. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to fix any errors in their data file and resubmit if necessary. It will take about one hour to complete each file submission. The total burden is estimated to be 454 hours annually.

Form Name	Number of respondents/ POCs	Number of responses for each POC	Hours per response	Total burden hours
Registration Form	20	1	5/60	2
Data Use Agreement	240	1	3/60	12
Data Files Submission	440	1	1	440
Total	700	NA	NA	454

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the submission process. The cost burden is estimated to be \$18,613 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of respondents/POCs	Total Burden hours	Average Hourly Wage Rate*	Total Cost burden
Registration Form	20	2	39.75 ^a	\$80
Data Use Agreement	240	12	86.88 ^b	\$1043
Data Files Submission	20	440	39.75 ^c	\$17,490
Total	280	454	NA	\$18,613

* National Compensation Survey: Occupational wages in the United States May 2014, "U.S. Department of Labor, Bureau of Labor Statistics." a) and c) Based on the mean hourly wages for Computer Programmer (15-1131). b) Based on the mean hourly wage for Chief Executives (11-1011).

http://www.bls.gov/oes/current/oes_nat.htm#15-0000

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized cost to the government for developing, maintaining and managing the CAHPS CG Database, analyzing the data and reporting results. The cost is estimated to be \$251,000 annually. Annualized costs for collecting and processing the CAHPS CG Database are based upon the last four years of historical CAHPS Clinician & Group Database project costs. AHRQ wishes to continue this data collection indefinitely and requests OMB approval for 3 years.

Exhibit 3. Estimated Annualized Cost

Cost Component	Total Cost	Annualized Cost
Database Maintenance	\$132,000	\$44,000
Data Submission	\$276,000	\$92,000
Data Analysis and Reporting	\$345,000	\$115,000
Total	\$753,000	\$251,000

Exhibit 4: Annual Cost to AHRQ for MEPS-MPC Oversight

Tasks/Personnel	Staff Count	Annual Salary	% of Time	Cost
Management Support: GS-15, Step 5 average	2	\$143,079	33.3%	\$95,386
Survey/Statistical Support: GS-14, Step 5 average	2	\$121,635	50.0%	\$121,635
Research Support: GS-13, Step 5 average	1	\$102,932	50.0%	\$51,466
Research Support: GS-12, Step 5 average	1	\$86,564	33.0%	\$28,855
Total				\$297,342

Annual salaries based on 2015 OPM Pay Schedule for Washington/DC area:
<http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/DCB.pdf>

Note that these oversight costs are included in Exhibit 3.

15. Changes in Hour Burden

There is a change in the hour burden due to a significant increase in the volume of data submissions; however, there is a decrease in the amount of time for data submission due to vendors being more familiar with the streamlined data submission process.

16. Time Schedule, Publication and Analysis Plans

Participating organizations are asked to voluntarily submit their CAHPS CG Survey data to the CAHPS Database annually through an online submission system. Once the submission system is closed, the data is cleaned with standardized programs, aggregated and used to produce comparative results. CAHPS survey results are adjusted by patient characteristics such as patient age, education, and self-reported health status in order to account for factors beyond the control of the participating organization that would confound comparisons to other organizations. See Supporting Statement Part B for detailed information on collection procedures for submitting, processing, and reporting CAHPS CG data. Comparative results are available online at https://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/CG_About.aspx.

The estimated time to conduct data collection, data analysis and report production activities is shown below:

- 1) Data submission open to public -- 1 month
- 2) Data cleaning and data analysis – 1.5 months
- 3) Comparative database report production including individual comparative reports – 1 month

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: Clinician and Group Data Submission System Registration Form

Attachment B: Clinician and Group Database Data Use Agreement

Attachment C: 60 Day Federal Register Notice

Attachment D: CAHPS Technical Expert Panel Members

Attachment E: CAHPS Clinician and Group Database Data Submission Emails to Users

Attachment F: Data Submission Secure Web Site and Information Collection Forms