

# **Supporting Statement**

## **Part A**

### Survey of Hospital Quality Leaders

Version December 1, 2016

Agency for Healthcare Research and Quality (AHRQ)

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## **SUPPORTING STATEMENT: SURVEY OF HOSPITAL QUALITY LEADERS**

### **Introduction**

The Agency for Healthcare Research and Quality requests clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to implement the survey, “Use of Patient Experience Information in Hospitals: A Survey of Hospital Quality Leaders.”

### **A. Justification**

#### **A1. Circumstances that make the collection of information necessary**

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. the 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.

This work fits within AHRQ’s mission to promote health care quality improvement primarily within area 3 identified above. This effort will provide important insight into the activities hospitals are conducting to improve patient experience scores, an important aspect of health care quality. The information collected in this study also may be useful in supporting hospitals who lag behind their peers, learning from hospitals with outstanding records of patient experience, and providing recommendations that may be used to refine HCAHPS survey content in the interest of further improving health care quality.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospital Survey (HCAHPS) was first implemented on a voluntary basis in 2006 to assess patients' experiences with care. Today, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions are required to collect and submit HCAHPS data in order to receive their full annual payment update (CMS, HCAHPS: Patients' Perspectives of Care Survey; Goldstein et al., 2005). In October 2012, HCAHPS performance was added to the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing (Hospital VBP) program by the Patient Protection and Affordable Care Act of 2010 (CMS, HCAHPS Fact Sheet). The FY 2015 Hospital VBP program links 30% of the Inpatient Prospective Payment System hospitals' payment from CMS to HCAHPS performance (Medicare.gov).

Despite the high stakes associated with HCAHPS scores, little is known about the ways in which hospitals are using HCAHPS data and supplemental information about patient experience to understand and improve their patients' experiences.

This research has the following goals:

- 1) to characterize the role of HCAHPS in hospitals' efforts to improve patient experiences
- 2) to identify the types of quality improvement activities hospitals implement to improve their HCAHPS scores
- 3) to describe hospitals' perspectives on HCAHPS
- 4) to determine the types of information collected by hospitals beyond those required for VBP

To achieve the goals of this project, the following data collections will be implemented:

- 1) Survey of Hospital Quality Leaders: this survey will elicit information from approximately 500 hospital quality leaders in a variety of hospital settings, including high- and low-performing hospitals, facilities of varying sizes, and hospitals representing all nine geographic Census divisions. Hospital quality leaders will be asked to provide information about the use of HCAHPS in their hospital, with questions addressing all of the substantive areas identified in the goals section above.

This study is being conducted by AHRQ through a cooperative agreement with the RAND Corporation, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

## **A2. Purpose and Use of Information**

Characterizing hospitals' use of HCAHPS data will provide important insight into the activities hospitals conduct to improve patient experience scores. This information may be useful in supporting hospitals who lag behind their peers, learning from hospitals with outstanding records of patient experience, and providing recommendations that may be used to refine HCAHPS survey content.

### **A3. Use of Information Technology**

The survey of hospital quality leaders will employ information technology for data collection purposes. The initial or primary mode will be a web-based survey, where 100 percent of hospitals in the sample will be asked to respond electronically. Invitations to the web survey will be sent via email with a United States Postal Service (USPS) letter as back-up should an email address not be available. The email will include an embedded link to the web survey and a Personal Identification Number (PIN) code unique to each hospital. In addition to promoting electronic submission of survey responses the web-based survey will:

- Allow respondents to print a copy of the survey for review and to assist in responding
- Allow respondents to begin the survey, enter responses and later complete remaining items, and
- Allow sections of the survey to be completed by other individuals at the discretion of the sampled hospital quality leader.

Hospital quality leaders who do not respond to emailed and mailed invitations will receive a mailed version of the survey. The mail version will be formatted for scanning.

### **A4. Identifying Duplication**

The components of this data collection effort are designed to gather the data necessary to assessing hospitals' uses of HCAHPS data beyond required public reporting. No similar data collection is currently being conducted. The proposed information collection does not duplicate any other effort and the information cannot be obtained from any other source.

### **A5. Impact on Small Businesses**

No small businesses or other small entities will be significantly impacted by this information collection.

### **A6. Consequences of Less Frequent Data Collection**

This Supporting Statement requests clearance for a one-time data collection.

### **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 was published on March 30, 2016.

### **A9. Respondent Payments or Gifts**

This data collection will not offer incentives for completion of the standardized survey. We believe participants will be motivated to respond to the survey because it provides an opportunity to:

- Share information about the projects their organization has prioritized and implemented
- Contribute to an effort that will provide a national context for comparing their own hospital's efforts to understand and improve patients' experiences with other hospitals efforts in this area
- Provide feedback about the ways in which HCAHPS is meeting (or not meeting) institutional needs

We will also ensure adequate response by employing multiple methods of contact (e.g., mail, email), repeated follow-ups, and the option to complete survey online, among other methods.

### **A10. Assurance of Confidentiality**

All persons who participate in this data collection will be assured that the information they provide will be kept private to the fullest extent allowed by law. Informed consent from participants will be obtained to ensure that they understand the nature of the research being conducted and their rights as survey respondents. Respondents who have questions about the consent statement or other aspects of the study will be instructed to call the RAND principal investigator or RAND's Survey Research Group (SRG) survey director, and/or the administrator of RAND's Institutional Review Board (IRB). Participants will receive informed consent and confidentiality information via the invitation emails and letters to the web and mail survey found in Attachments 2-5.

The study will have a Data Safeguarding Plan to further ensure the privacy of the information that is collected. RAND will assign a data identifier (ID) to each respondent. All electronic files directly related to the administration of the survey will be stored on a restricted drive of a secure local area network. Access to data is limited to those employees working on the project. Additionally, files containing survey response data and information revealing sample members' individual identities will not be stored together on the network. No single file contains both a member's response data and his or her contact information. RAND staff will destroy participant contact information once all survey data are collected and the associated data files are reviewed and finalized by the project team. Files containing contact information for data collection may be stored on staff computers or in staff offices following procedures reviewed and approved by RAND's Institutional Review Board.

### **A11. Sensitive Questions**

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

### **A12. Burden of Information Collection**

Table 1 shows the estimated annualized burden and cost for the respondents' time to participate in this data collection. These burden estimates are based on tests of data collection conducted on nine or fewer entities. As indicated below, the annual total burden hours are estimated to be 294 hours. The annual total cost associated with the annual total burden hours is estimated to be \$14,708.

The Survey of Hospital Quality Leaders (Attachment A) will be administered to 500 individuals. Prior work suggests that 3-5 items can typically be completed per minute, depending on item complexity and respondent characteristics, (Hays & Reeve, 2010; Berry, 2009). We have calculated our burden estimate using a conservative estimate of 4.5 items per minute. The survey contains 159 items and is thus estimated to require an average administration time of 35 minutes. As indicated below, the annual total burden hours are estimated to be 294 hours.

**Table 1. Estimated annualized burden hours and cost**

<b>Collection Task</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Hours per Response</b>	<b>Total Burden hours</b>	<b>Average Hourly Wage Rate*</b>	<b>Total Cost Burden</b>
Survey of Hospital Quality Leaders	500	1	.59	294	\$49.96	\$14,708
<b>Totals</b>				294		\$14,708

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

### **A13. Capital Costs**

There are no capital costs.

### **A14. Cost to the Federal Government**

The total cost to the Federal Government to administer the survey is \$304,329 for the period of 12/1/16 to 9/30/17.

#### Hospital Quality Leader Survey cost breakdown:

- RAND’s Survey Research Group identification of correct respondent: \$37,072
- Survey administration costs \$98,216
- RAND staff time to layout survey for printing, survey programming, prepare sample file, manage the survey data collection and analysis, report production, and revisions: \$152,170
- AHRQ staff oversight:

Table 2: Estimated Cost of AHRQ Project Oversight

Project Officer GS- 15 Step 5	5%	\$7,258
Health Scientist Administrator GS 13 Step 5	5%	\$5,221
Program Specialist GS 12, Step 5	5%	\$4,391
Total		\$16,870

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/16Tables/html/DCB.aspx>

**A15. Program Changes or Adjustments to Annual Burden**

This is a new information collection request.

**A16. Tabulation and Publication of Results**

For planning purposes, we anticipate that preparation of survey materials and identification of target respondents will begin in December 2016, with data collection occurring from January through April 2017. Analyses of these data will occur during March through June 2017 to contribute to the draft summary article, anticipated to be completed in July 2017, revised and submitted to a peer-reviewed journal by September 2017.

Analysis will be primarily descriptive, indicating the types of activities hospitals engage in to make use of HCAHPS and other patient experience data.

**Table 3: Timeline of Survey Tasks and Publication Dates**

<b>Activity</b>	<b>Proposed Timing of Activity</b>
Prepare field materials	December 2016-January 2017
Identify target respondent	December 2016-February 2017
Field surveys	January 2017-April 2017
Analyze data	April 2017-June 2017
Draft paper summarizing findings	April 2017–July 2017
Revise and submit paper to peer-reviewed journal	July 2017– September 2017

In addition to summarizing the overall findings of the Survey of Hospital Quality Leaders, RAND will work with AHRQ to develop timelines for developing other products for broad dissemination of the results that may include additional peer-reviewed publications, webinars, podcasts, and other products. Such publications will increase the impact of this



work by exposing the results to a broader audience of hospital administrators and policymakers. The publication of the overall findings also may result in additional dissemination products such as press releases, open door calls, and other events.

**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.

List of Attachments

- Attachment 1: Survey instrument
- Attachment 2: Survey invitation email
- Attachment 3: Survey invitation, first mail reminder
- Attachment 4: Survey invitation, second mail reminder
- Attachment 5: Survey invitation, third mail reminder

## References

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