

CMS Health Care Provider Perceptions and Reactions Focus Group Guide

Items listed in this section would be used during qualitative data collection, during focus groups. These data collection efforts may take place in person, via the telephone, or on the internet.

Awareness and Impact of Current Events

1. How many of you have heard about the [Program affecting providers, e.g., Medicare Access and CHIP Reauthorization Act (MACRA)]? [AWG1]
 - a. Can you briefly tell me what news you've seen, read, or heard? [AWG2A]
 - b. How would you describe what you saw, read, or heard? Was it positive, negative, or neutral? [AWG4]
2. How would you describe the future of health care in this country? [ATG5]
 - a. Do you think things are becoming more positive, negative, or do you think things will stay about the same? [ATG5]
3. How does what you have seen or heard in the news impact your perceptions of the Medicare program or the Centers for Medicare and Medicaid Services (CMS)? [ATG5]

Program Outreach and Information

4. How many of you have recently seen any advertisements or outreach describing the [Program affecting providers, e.g., MACRA, ACO, CPC+]? [AWG2]
 - a. Tell me about the ads or outreach you've seen. [AWG2A]
5. What have you recently heard about changes in the Healthcare law that might directly affect you or your practice? [AWG2]
6. How does what you have seen or heard impact your likelihood to participate in these programs? [ATG5]
7. What is your overall impression of the program? [PE2]

Use of CMS Tools and Resources

8. How many of you have visited the [Tool or Resource, e.g., Quality Payment Program web page QPP.gov?] [BG1]
 - a. What was your experience like on the site? [PE2]
 - b. What are some positive things you've heard or seen for yourself about this resource or tool? [PE2]
 - i. What makes you feel that way about it? [PE2A]
 - c. What are some negative things you've heard or seen for yourself about this resource or tool? [PE2]
 - ii. What makes you feel that way about it? [PE2A]
 - d. Was there any information you remember wanting to find that you were not able to find? [PE7]
 - e. Are there other issues that you would like to bring up that could help CMS improve your experience with this tool or resource? [PE7]
9. For those who have heard of the site, but have not visited, why didn't you go there? [B2]
 - a. What do you expect to find on the website? [SO15]
 - b. What would get you to go visit the website? [PE6B]

Expectations of Measuring Health Care Provider Quality

10. When you think about “quality” as it relates to providing health care, what are the first things that come to mind? [K2]
11. In your own words, please describe “quality” as it relates to health care. [K1]
12. Please describe how you typically assess the quality of health care that a patient receives? [B1]
13. Have you ever looked for information about the quality of a health care service provider? [SO11]
 - a. How have you gone about trying to get information about the quality of a health care services? [SO11A]
 - b. Where have you found the most useful information? [SO11B]
14. Where would you go to find information about the quality of a health care services? [G4]
15. How personally relevant is the quality of health care delivery to you? [PE8]
 - a. What makes it relevant? [PE8A]
16. What do you think is important when rating the quality of health care services or health care providers? [PE2]
17. For those of you who have been to [the tool or resource, e.g., QPP.gov], do you remember whether there is any information about quality ratings for medical practices on the website? [SOIC2]

Initiatives to Reduce Burden

18. When you think about reporting on the quality of care that your practice is providing to CMS, what are the first things that come to mind? [K2]
19. What do you think are the key issues that CMS needs to consider to reduce burden on providers as it monitors quality of care provided? [PE2]
20. How difficult do you think it would be for you to implement the reporting requirements for this program? [PE11]
21. What would make implementing these requirements easier? [PE11F]

Evaluation of Communication Materials

SAMPLE: Participants would be presented with a sample of communication materials and asked to comment on it and discuss. The following is an example of a set of written samples of such material, but video and/or audio presentations might also be evaluated.

HANDOUTS: Quality Payment Program Description

Handout 1

Soon Medicare will be changing how it pays clinicians. Medicare will still pay for services as it always has, but through the new Quality Payment Program, every physician will have the opportunity to be paid more for providing better care and for making investments that support their patients — like using telehealth or following up with patients at home.

When designing this new program, Medicare heard from thousands of physicians about how Medicare can pay smarter for better care and a healthier America. We heard that physicians want a payment system

that reflects their commitment to providing high quality care, fits with their workflow and does not distract them from providing patient care. With that input, Medicare designed the Quality Payment Program to promote patient-centered quality care nationwide. Medicare is focused on a strong start for the Quality Payment Program and will give physicians time to learn how the program works before making a payment adjustment. The first year of the program will be a “test-run” where physicians can learn the program and practice reporting in a low-risk environment.

Handout 2

How does this program work?

This program is designed to improve Medicare, so that it reliably pays you for quality care. No longer will you need to worry about a looming pay cut from Congress. Under the new program, you will be eligible for a pay increase or decrease based on the four steps outlined below. We estimate that initially, about 80 percent of clinicians will follow the four steps below, and the other 20 percent of clinicians will be rewarded for participating in payment models like Medicare Accountable Care Organizations or advanced versions of Patient Centered Medical Homes.

First, the Quality Payment Program is flexible to allow for clinician-driven, patient-center care. We want to continue to care for your patients by doing what you think is best and following the standards of your medical society and other trusted clinical sources.

Second, you will electronically report quality information to Medicare. Your reporting will help improve patient care and help Medicare measure how well the health system is performing. In the Quality Payment Program, you will choose six **measures** to report about the quality of care and the specific **activities** you do to improve care (for example, using practice safety checklists). Finally, you will provide information on the **technology** that supports the care you provide.

For example: A primary care physician could report a quality measure that fits the patients in the practice, such as the proportion of patients who had a diagnosis of hypertension and whose blood pressure was adequately controlled. A specialist could choose from measures suggested by their specialty society that reflect the characteristics of the specialty practice. You will also report on certified, interoperable technology you use to electronically share care information with your patients and other physicians.

22. For each section participants will be instructed, “Please read this section. When you have completed the section, please go back and do the following:
- Circle any words or phrases that you have a positive response to
 - Draw an X through any words or phrases that you have a negative response to.” [ACT1]
 - When all participants have read the material, we will discuss [PE2]
 - a. What is your overall response to this section? [PE12]
 - b. Is any of this new information? (If not, have you seen this particular information before? Have you generally heard about it? Where?) Is anything surprising? [AW1]
 - c. What, if anything in particular, catches your attention? Why? [AW2]
 - d. Does this section raise any questions as you read it? [AW1D]
 - This would be repeated for each of the samples, followed by a brief general discussion of the material taken as a whole. For the example given, participants would take a moment and review all the sections together and discuss. [PE2]

- a. Do you have any overall comments that have not been mentioned before? [K3]
- b. Was anything left out? From your perspective [as a physician/practice administrator/healthcare executive] is there any information or topics that should have been included that were missing? [SOI2B]
- c. Does this seem to be written with you as the intended audience? What makes you say that? [PE10]

Reactions to Terminology and Descriptive Language

23. CMS is exploring how they can best implement this program. They want to [describe CMS communication objectives and provide background on program concept – e.g., give physicians and their practice staff time to learn more about the program and prepare their practices for these changes]. Which of the following terms best communicates this concept to you? – Provide a list of terms or concepts for discussion (e.g., transitional year, phase-in year, ramp up year, test year).
 - a. Which of these terms communicates this objective or concept best? Why? [SOI2A]
 - b. Which of these terms communicates this objective or concept the worst? Why? [SOI2A]
 - c. Are any of these words, phrases, or terms confusing or unclear? [K1C]
 - d. What could make this list of objectives or concepts more useful? [SOI2B]
 - e. Are there any other terms that you can think of that would be better than these? [PR3]

Support Needs

24. CMS is working to provide support related to this program to providers that are affected. For you and your practice, do you think you will seek outside help with understanding the program and how to participate? [SOI1]
 - e. If so, where will you go for help/support? [SOI1A]
 - f. Would you like CMS to provide that help? Why or why not? [SOI4]
 - g. What specific support would be most useful to you? [SOI5]
 - h. What is the best way for CMS to provide this to you? [SOI5A, SOI5B]
25. How well do you think the support features described would meet your needs for providing the necessary information to CMS? [PE4]
26. How might CMS improve these support services to better meet your needs? [G2]

Decision Making Processes and Experiences with Programs

27. Please describe the process your practice went through in making the decision to participate/not participate in the CMS program [e.g., Quality Payment Program, Accountable Care Organization, CPC+]. If not mentioned, probe on processes such as: [B1, B2]
 - a. What steps did the practice go through? [G1]
 - b. Did you consider more than one program? Which ones? [G1]
 - c. Who in the practice was involved in the decision, and what were their roles? [G1]
 - d. Was anyone from outside the practice involved in the decision? [G1]
 - e. What factors were important in making the decision? [G1]
 - f. What benefits did you anticipate? What potential drawbacks were considered? [G1]
 - g. How would you characterize the decision? – easy/difficult, complex/simple, etc. [G1]
28. Where did you get information to help in your decision making? [SOI1]
 - i. Sources? [SOI1C]
 - ii. Channels? [SOI1C]

- iii. Degree of CMS involvement? [PE16C]
- iv. Do you feel that you had all of the information needed to make the decision? [SO12C]

29. Once you made the decision to participate in the program, what was/is planning for and implementing the program like? If not mentioned, probe for potential barriers/facilitators: [B1]
- a. What changes have you made in the practice? [PE11C]
 - b. Roles and involvement of staff [[PE11C]
 - c. Changes in workflow [PE11E]
 - d. Ease of implementation [PE11]
30. How would you evaluate your decision to participate/not participate? Do you think you made the right decision? Why or why not? [PE12]
31. Do you think you will consider participating in any other CMS programs in the future? Why or why not? [PE13]

Wrap-Up and Closing

32. Those are all the questions I have for you. Do any of you have any final thoughts you would like to add? [G5]

PRA Disclosure Statement

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 **0938-1247**. The time required to complete this information collection is estimated to average **90 minutes** per response, including the time to review instructions, search existing data resources, 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. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Frank Funderburk at (410)786-1820 or frank.funderburk@cms.hhs.gov.**