

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 Database**

April 2018

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 (<https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/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, expiration February 28, 2019. 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 submit data voluntarily 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 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. In 1999, the Consortium began work on a survey that would assess patients' experiences with medical groups and clinicians. Working in collaboration with the Pacific Business Group on Health, whose Consumer Assessment Survey established a precedent for this type of

instrument; the CAHPS Consortium developed a preliminary instrument known as the CAHPS Group Practices Survey (G-CAHPS).

In August 2004, AHRQ issued a notice in the *Federal Register* inviting organizations to test this instrument. 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 survey data to support public reporting of health plan ratings, health plan accreditation and quality improvement (OMB Control Number 0935-0165, expiration 5/31/2020). Demand for survey results from the CG Survey has grown as well, and therefore AHRQ developed a dedicated Clinician and Group Database to support benchmarking, quality improvement, and research (OMB Control Number 0935-0197, expiration 02/28/2019).

Rationale for the information collection. The CAHPS Database contains data from AHRQ's standardized CAHPS Surveys which provide survey measures of quality to health care purchasers, consumers, regulators, and policy makers. The Health Plan 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 Survey Database. This database will continue to update the CAHPS CG Database with the latest results of the CAHPS CG Survey. These results consist of 31 items that measure 5 areas or composites of patients' experiences with physicians and staff in outpatient medical practices. This database can be used to do the following:

- 1) Improve care provided by individual providers, sites of care, medical groups, or provider networks.
- 2) Offer several products and services, including providing survey results presented through an Online Reporting System, summary chartbooks, custom analyses, private reports in Excel format, and data for research purposes.
- 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
Providers' Use of Information to Coordinate Patient Care
Patients' Rating of the Provider

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 submit their CAHPS CG survey data voluntarily to the CAHPS CG Survey 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 the Data Use Agreement (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 DUA. The DUA states how data submitted by participating organizations will be used and provides confidentiality assurances. 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, a medical group or practice or a survey vendor who contracts with the medical group or practice to collect data on their behalf. After the POC has completed the Registration Form and the Data Use Agreement (DUA), they will submit patient-level data collected from the CAHPS CG survey to the CAHPS CG Survey Database. Data on organizational characteristics such as ownership, number of patient visits per week, provider 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, 2) a Practice

File containing the practice ownership and affiliation (i.e., commercial, hospital or health system, university or academic medical center, community health center, military or county) , number of providers working each week, sampling information, number of patient visits per week, contact information and 3) a Sample File that contains one record for each patient surveyed, the date of visit, survey disposition code, information about survey completion, and survey responses.

The collection of information for the CAHPS Database for Clinicians and Groups is being conducted in 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. See 42 U.S.C. 299a(a)(1), (2) and (8).

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 reports (in Excel format), used for comparing a participating organization's CAHPS survey results to the database averages, 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 file in PDF format; and 4) a de-identified dataset that is made 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 submit their data voluntarily to the database each year. The data are cleaned with standardized programs, then aggregated and used to produce summarized results. In addition, reports in Excel format are produced that compare the participating organizations' results to the overall database results. These reports are sent via a secured FTP site upon the participating organization's request.

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 a de-identified analytic database. Much like the CAHPS Health Plan Database developed in 1998 (OMB Control Number 0935-0165, Expiration Date 5/31/2020), researchers can use the CAHPS CG Survey 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. The Data Use Agreement (DUA) is uploaded directly to the Data Submission System through an online portal. 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 secured FTP site .

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 CG 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 **(date and page number of 60 day notice)** 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 survey 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 participating in the CG database. The 11 POCs in exhibit 1 are the number of estimated vendors. The 86 POCs in exhibit 1 are the number of estimated participating Health/Medical entities based on 2017 submission.

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 (DUA) will be completed by the 86 participating Health/Medical entities. Vendors do not sign DUAs. The DUA process requires about 15 minutes to sign and return by fax, mail or to upload directly to the submission system and includes an accompanying practice site excel file that is uploaded to 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 Database. The average number of data submissions per vendor is estimated to be 10. 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 complete each file submission. The total burden is estimated to be 133 hours annually.

Form Name	Number of respondents/ POCs	Number of responses for each POC	Hours per response	Total burden hours
Registration Form	11	1	5/60	1
Data Use Agreement	86	1	15/60	22
Data Submission	11	10	1	110
Total	108	NA	NA	133

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 \$6,602 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	11	1	40.95 ^a	\$41
Data Use Agreement	86	22	93.44 ^b	\$2,056
Data Files Submission	11	110	40.95 ^c	\$4,505
Total	108	133	NA	\$6,602

* National Compensation Survey: Occupational wages in the United States May 2016, "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). https://www.bls.gov/oes/current/oes_nat.htm

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	\$225,000	\$75,000
Data Analysis and Reporting	\$405,000	\$135,000
Total	\$762,000	\$254,000

Exhibit 4. Estimated Annual Cost to AHRQ for Project Oversight

AHRQ Staff Position	Percent Time	Annualized Cost
Total		

15. Changes in Hour Burden

There is a change in the hour burden due to a significant decrease in the volume of data submissions.

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 survey 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. Survey 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 – 2 weeks
- 2) Data cleaning and data analysis – 1.5 months
- 3) Database report production including individual private excel 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

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