

Medicare Current Beneficiary Survey (MCBS)

Request for Approval of a Non-Substantive Change

OMB No. 0938-0568
(Expires 08/31/2022)

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A1. Circumstances making the collection of information necessary

This request is for a non-substantive change to an approved data collection (OMB No. 0938-0568, expires 08/31/2022). The current clearance encompasses the MCBS Community questionnaire, Facility screener, and Facility instrument.

Non-substantive Changes

This change request seeks approval to implement non-substantive changes in the 2020 MCBS questionnaire that will be administered in Fall 2020 Round 88. Data collection for this round is scheduled to begin July 20, 2020; specifications for programming the computer assisted personal interviewing (CAPI) questionnaire must be finalized by February 14, 2020. This non-substantive change request only affects the Health Status and Functioning (HFQ) section of the currently approved questionnaire.

- CMS requests approval to modify terminology used for existing questions on colonoscopy and sigmoidoscopy screening.
- CMS requests approval to modify the administration used for existing questions on self-reported height and weight items to also include measured height and weight.

OMB approval of these new items is needed by February 14, 2020 to allow for sufficient time to accomplish programming and testing of the questions for use with CAPI administration. The revised questionnaire sections are contained in **Attachment A**.

A2. Purpose and use of information collection

Questions on colonoscopy and sigmoidoscopy screening: During the Fall round, the MCBS currently asks respondents about preventive services including screenings for colorectal cancer. The current colorectal cancer screening item asks if the beneficiary has had a sigmoidoscopy or a colonoscopy but does not capture which of these tests the beneficiary has completed. CMS is requesting to remove the survey’s existing item on colorectal screening and replace it with items consistent with the National Health Interview Survey (NHIS):

Current MCBS Screening Item	NHIS Screening Items Proposed for Use by MCBS
<p>Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy.</p> <p>[Have you/Has (SP)] ever had this exam?</p> <p>(1) Yes (2) No</p>	<p>These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. Have you ever had either of these exams?</p> <p>(1) Yes (proceed to follow-up question)</p>

	(2) No
	<p>For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Have you ever had a colonoscopy, a sigmoidoscopy, or both?</p> <p>(1) Colonoscopy (2) Sigmoidoscopy (3) Both</p>

The purpose of this modification is two-fold: (1) to provide more useful data on the use of this high priority preventive service, and (2) to align MCBS questionnaire wording with other federal surveys. Currently, analysts cannot discern whether Medicare beneficiaries have had a sigmoidoscopy, colonoscopy, or both types of screenings nor can they compare screening estimates to other federal surveys. The wording modification will provide analysts with more nuanced data about beneficiaries’ participation in colorectal cancer screenings and will also permit analysts to compare these estimates to other federal surveys, such as the NHIS.

Due to the longitudinal nature of the MCBS, the survey will contain two versions of the colorectal cancer screening items, which will be administered once a year during beneficiary and proxy interviews. Respondents participating in their first MCBS interview (Baseline) will be asked if the beneficiary has ever had colorectal screening; a second similar version will be administered to respondents participating in their 4th, 7th or 11th interview (Continuing) which asks if the beneficiary has had colorectal screening in the past year. The modified items will be integrated into the MCBS questionnaire beginning in Fall 2020 Round 88. The modifications to HFQ are highlighted in green text in **Attachment A**.

Questions on height and weight: CMS requests approval to modify the administration used for existing questions on self-reported height and weight to also include measured height and weight. Height and weight measurements are important components of body mass index (BMI) calculations used to assess malnutrition and frailty in older adults. Self-reported height and weight can be impacted by bias, especially recall bias experienced in older adults who may be unaware of changes in height due to

shrinking^{1,2,3,4,5}. Modifying existing questions on height and weight to also include measured height and weight will facilitate more accurate BMI calculations and therefore allow for a more definitive identification of malnutrition and frailty among MCBS respondents.

The MCBS will incorporate the protocol from the National Social Life, Health and Aging Project (NSHAP) for measuring height and weight^{6,7}. These measures have successfully been implemented among older adults participating in NSHAP for years. If the beneficiary is unable to complete the measurement, the survey will capture the beneficiary's reason for opting out of the measurement. Height and weight measurements will be administered within the HFQ section following the collection of self-reported height and weight. These items will be administered once a year. The height and weight measurements will be administered only for interviews conducted with the beneficiary, not for those conducted with the proxy.

To minimize the potential for measurement error in collecting height and weight, MCBS interviewers will undergo in-person training and certification. The training will leverage existing materials and best practices from other surveys that routinely obtain height and weight through measurements, rather than rely on self-reports. For example, the training will employ a “hear, see, do” training method which engages interviewers in three different ways for learning and practicing height and weight data collection protocols. The training will also feature videos demonstrating the protocol for each measure and a detailed protocol handout, which interviewers will be required to use each time they collect measured height and weight to reinforce each step of the protocol. All interviewers will be certified on measured height and weight collection prior to fielding. Similar evidence-based, comprehensive training and certification as well as ongoing protocol reinforcement, have been used for many years to support NORC interviewers in the collection of measured height and weight on other health surveys. Unlike self-reported height and weight, measured height and weight will not be impacted by recall or misclassification bias, which studies suggest is more common in older people and mainly attributed to unawareness in changes in height or weight (see references in footnotes 1-5).

¹ Faeh, D., et al., *Obesity in Switzerland: do estimates depend on how body mass index has been assessed?* Swiss Med Wkly, 2008. **138**(13-14): p. 204-10.

² Bostrom, G. and F. Diderichsen, *Socioeconomic differentials in misclassification of height, weight and body mass index based on questionnaire data.* Int J Epidemiol, 1997. **26**(4): p. 860-6.

³ Rowland, M.L., *Self-reported weight and height.* Am J Clin Nutr, 1990. **52**(6): p. 1125-33.

⁴ Kuczmarski, M.F., R.J. Kuczmarski, and M. Najjar, *Effects of age on validity of self-reported height, weight, and body mass index: findings from the Third National Health and Nutrition Examination Survey, 1988-1994.* J Am Diet Assoc, 2001. **101**(1): p. 28-34; quiz 35-6.

⁵ Dahl, A.K., et al., *Agreement between self-reported and measured height, weight and body mass index in old age—a longitudinal study with 20 years of follow-up.* Dahl et al. Age and Ageing, 2010. **39**(4): p. 445-451.

⁶ Hayward MD and Wallace RB. 2014. “Wave 2 of the National Social Life, Health, and Aging Project: An Overview.” *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 69(Suppl_2):S1-S3. doi: 10.1093/geronb/gbu126

⁷ Suzman R. 2009. “The National Social Life, Health, and Aging Project: An Introduction.” *Journal of Gerontology: Social Sciences* 64B(S1):i5–i11. doi:10.1093/geronb/gbp078.

To further minimize the potential for measurement error, data collection equipment will be calibrated and inspected annually.

This modification will be integrated into the MCBS questionnaire in Fall 2020 Round 88. Previously, CMS received OMB approval to implement physical measures in the HFQ. Measured height and weight will be included in the administration of the other physical measures (gait speed, balance, and timed sit/stand) which were approved by OMB on 9/25/18. Including measured height and weight on the HFQ are highlighted in green text in **Attachment A**.

Attachments:

A – Revised Health Status and Functioning (HFQ) section