

Supporting Statement B for Request for Clearance:
Physician Pain Management Questionnaire Pilot Study

Generic IC:

Developmental Studies to Improve the National Health Care Surveys
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List of Attachments:

- Attachment A – Final Cognitive Report – Draft (PPMQ)
- Attachment B – Survey Instrument (PPMQ)
- Attachment C – List of Consultants (PPMQ)
- Attachment D – Recruitment Materials (PPMQ)
- Attachment E – ERB Protocol #2021-04 (PPMQ)

B. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The target universe for the Physician Pain Management Questionnaire is non-federally employed, allopathic (MD) and osteopathic (DO) attending physicians legally practicing in the 50 U.S. states and the District of Columbia (DC). The universe from which the sampling frame is created, and the sample is drawn, is the National Provider Identifier (NPI) datafile provided by the Centers for Medicare and Medicaid Services (CMS). Physicians with inactive NPIs, without a documented primary license, as well as those in radiology, pathology and specialties not involved with the management of pain, will be excluded. A random sample of 1,000 eligible physicians will be selected from the final sampling frame. Though the sample will be national in scope, it will not be nationally representative.

The expected response rate for this pilot survey is approximately 30%, which is based on prior response rates for the National Electronic Health Records Survey (NEHRS; OMB No. 0920-1015). As previously mentioned, the NEHRS has a similar universe as this pilot survey and was initially administered via mail only (it now uses a mixed mode design, of which one of the modes is mail). Of the multiple modes used, mailed questionnaires (compared with web and telephone) continue to have the highest response rate of all three modes of survey administration used with NEHRS, with an average response rate of 66.5% for the years 2015, 2017 and 2018. Given the similarities in survey design to that of NEHRS, we expect the response rate for this pilot survey to be similar. However, it is important to note that these response rates are for surveys conducted prior to the novel coronavirus (COVID-19) pandemic. With the ongoing pandemic, response rates at NCHS at large have been lower. This pilot survey is intended to be fielded in early 2021, when it is expected that COVID-19 will continue to have an impact on survey response rates.

2. Procedures for the Collection of Information

The CMS developed the National Plan and Provider Enumeration System (NPPES) in order to assign unique identifiers (NPIs) mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The sampling frame for this study will be constructed from the CMS NPI datafile, which is derived from NPPES data. All physicians and health care providers registered in the NPPES are required to update their contact information within 3 months of any changes, hence this is a frequently updated source of information. Once constructed, the sampling frame of eligible physicians will be sorted by U.S. region (i.e., Northeast, Midwest, West, and South), and followed by medical specialty. Then, within each region 250 physicians will be selected randomly, using a strategy that will ensure a specific number of physicians in certain specialties are selected within each region.

The Physician Pain Management Questionnaire is a paper-based, self-administered mail survey (**Attachment B**). The data collection will use Dillman's Tailored Design Method (TDM).¹ Following clearance, recruitment begins with a mailed invitation to participate sent to all 1,000 physicians in the sample. This invitation letter outlines the importance and purpose of the study and can be found in **Attachment D**.

Within 2 weeks of sending the invitation, a survey package including the following will be mailed to each respondent: An introductory letter (**Attachment D**) reiterating the purpose of the study and providing instructions, the survey questionnaire (**Attachment B**), and a pre-stamped envelope to return the completed survey.

About 7-10 days after mailing the first survey package, a post-card will be sent reminding physicians to complete the survey and thanking respondents. Within 4 weeks of mailing the first survey package, non-respondents will receive a follow-up package which includes a follow-up letter (**Attachment D**) the survey questionnaire (**Attachment B**) and a pre-stamped envelope.

Within 4 weeks of mailing the 2nd survey package, a final survey package will be sent to remaining non-respondents. This will include the questionnaire, a pre-stamped envelope and another, modified, follow up letter. Data collection will continue until the study period is complete. Towards the end of the data collection period, another post card will be sent to thank respondents and provide a final reminder to non-respondents. Both the modified follow-up letter and the final post-card can be found in **Attachment D**.

3. Methods to Maximize Response Rates and Deal with Non-Response

A. Locating and Eligibility Determination

The CMS updates the NPI datafile monthly; as such it is a reliable and up-to-date source of national health care provider information. It includes physician names linked with active and recently deactivated NPIs, business addresses, as well as provider specialty information. This information, specifically active NPIs and provider specialty, allows for construction of a sampling frame containing only physicians eligible for this study; thus, limiting non-response due to ineligibility or misclassification. These regular updates to contact information should reduce non-response that could be attributed to outdated mailing addresses.

B. Tracing

Tracing of physician addresses will be used to ensure receipt of mailed survey packages. This tracing is projected to increase the number of physician respondents who are administered the survey through the mail thereby reducing the number of needed follow-up mailings and

¹ The Tailored Design Method (TDM) is regarded as the standard for mail surveys. TDM emphasizes focus on several aspects of mail survey design including sending a personalized letter, the questionnaire with return postage, a follow-up postcard, and multiple packets to non-respondents.

increasing response rates. Since the CMS updates the NPI database monthly, any updated information will be collected for non-respondent physicians that did not receive the survey packages (returned mail), and follow-up initiated with the most current contact information.

C. Burden Reduction

This survey questionnaire has been cognitively tested. Revisions based on the cognitive report (**Attachment A**), reduced both the length and anticipated burden of the survey instrument. The respondent is expected to take 15 minutes to read the introductory letter and complete the 1-page, double-sided survey questionnaire. To further reduce burden, the questionnaire employs skip patterns. These patterns use responses to initial survey questions by a respondent to determine if certain proceeding survey questions are applicable, allowing a respondent to only answer relevant items. Incorporation of these skip patterns into the questionnaire design reduces response burden for participating physicians.

4. Tests of Procedures or Methods to be Undertaken

No tests of procedures are anticipated. The test of procedures to be undertaken are constituted within this Generic Information Clearance.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following government employee is responsible for the oversight, design, and implementation of this data collection:

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