

**Supporting Statement B
For New Collection:
Patient-Reported Indicator Survey (PaRIS)**

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January 10, 2022

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Attachment 2: PaRIS Advance Letter – English

PaRIS Frequently Asked Questions (FAQs)

PaRIS Reminder Postcard – English

Attachment 3: PaRIS Cognitive Testing Report

B. Collections of Information Employing Statistical Methods

As noted in Part A, the Centers for Medicare and Medicaid Services (CMS) requests approval of a new Information Collection Request (ICR) to conduct the International Survey of People Living with Chronic Conditions (hereafter referred to as the PaRIS Survey). This survey has been developed by a collaborative workgroup under the auspices of the Organization for Economic Cooperation and Development (OECD), an international organization that works with governments, policy makers, and citizens to shape policies that foster prosperity, equality, opportunity, and well-being for all.

The OECD launched the PaRIS initiative in 2017 to address gaps in health outcomes measures, particularly regarding user experiences with health care services. OECD member countries, including the U.S., are working together to develop, standardize, and implement indicators that measure outcomes and experiences of health care that matter most to people. The PaRIS Survey will provide a common set of measures that support policy makers across participating countries to improve health care delivery. On behalf of the Department of Health and Human Services (DHHS) Assistant Secretary for Planning and Evaluation (ASPE), the Office of Enterprise Data and Analytics (OEDA) in CMS has been designated as the lead participant for the U.S.

The PaRIS Survey will help to close critical policy gaps by focusing on: (1) Patient Reported Experience Measures (PREMS) which measure how patients experience health care, and (2) Patient Reported Outcome Measures (PROMS) which measure how patients assess the results of the care they receive. The PaRIS survey includes both PREMS and PROMS items and aims to collect vital information about primary health care, by asking about topics such as the respondent's health, health behaviors, patient activation and confidence in managing their health care, experiences with health care and health providers including access to health care, quality of life, physical functioning, and psychological well-being.

CMS plans to release a disclosure protected public use file with accompanying methodological documentation. This public use file will also be made available to OECD for analysis and released with data from other participating countries.

Below we describe the statistical methods that will be used in the PaRIS Survey.

B1. Universe and Respondent Selection

To facilitate U.S. participation in this important initiative, CMS, with financial support from ASPE, has decided to leverage the existing sample for the Medicare Current Beneficiary Survey (MCBS). The MCBS is a continuous, multi-purpose survey of a representative national sample of the Medicare population, including the population of beneficiaries aged 65 and over and beneficiaries aged 64 and below with certain disabling conditions, residing in the U.S.; it is conducted under OMB clearance number 0938-0568. The MCBS is sponsored by OEDA of CMS and is conducted through a contract with NORC at the University of Chicago (NORC); therefore, the PaRIS Survey will also be conducted by NORC on behalf of CMS.

The PaRIS Survey will use the MCBS sample of respondents who live in the Community and are eligible for the Winter 2023 MCBS interview with one exception: to align with the OECD PaRIS population, MCBS respondents aged 65 and over will participate in the survey. MCBS respondents under age 65 will not be eligible for the PaRIS Survey. Although some OECD member countries will include adults aged 45 and over, the MCBS sample only selects 45- to 64-year-olds that qualify for Medicare through disability and specific rare, chronic health conditions; thus, the MCBS population of beneficiaries aged 45 to 64 are substantively different from the general population in this age group and therefore, will be excluded from the PaRIS sample.

The universe for the PaRIS Survey is approximately 10,799 Medicare beneficiaries who will be eligible for a Winter 2023 MCBS interview. We expect to receive 7,559 responses, reflecting an assumed

response rate of 70%. The response rate is based on CMS’ experience conducting three standalone surveys as part of the MCBS COVID-19 Supplement, which used a similar methodology to the PaRIS survey by leveraging MCBS sample for a standalone telephone survey (Table B.1). Due to the heightened salience of COVID-19 among beneficiaries, CMS is anticipating a slight reduction to the response rate observed for the MCBS COVID-19 Supplements when administering the PaRIS survey.

Table B.1 Summary of Response Rates by MCBS COVID-19 Supplement

Supplement	Response Rate
Summer 2020 COVID-19 Community Supplement (conducted under MCBS Generic Clearance 0938-1275)	78.9%
Fall 2020 COVID-19 Community Supplement (conducted under Emergency Full Clearance 0938-1379)	72.6%
Winter 2021 COVID-19 Community Supplement (conducted under main MCBS clearance 0938-0568)	79.6%

The PaRIS survey data will be weighted using existing MCBS nonresponse-adjusted weights, which will be further adjusted to reflect eligibility and response to the PaRIS survey and to account for possibly differential nonresponse bias, as is done in the core MCBS and other MCBS supplements.

B2. Procedures for Collecting Information

All interviews will be conducted with the beneficiary or a proxy they have selected. After advance letters have been mailed, interviewers will telephone beneficiaries and administer the PaRIS Survey by phone as a one-time survey during January through April 2023. Non-response follow up will be conducted both by telephone and in-person as needed.

By leveraging the MCBS sample, the PaRIS Survey can benefit from using the rich contact information already collected by the MCBS that would otherwise be unavailable. Landline or cell phone numbers are available for all eligible sample since the PaRIS respondents are current participants in the MCBS. Contact information, including alternative contacts, is regularly confirmed and updated by MCBS interviewers and therefore, successful contact with a high proportion of the PaRIS sample is expected.

The PaRIS Survey will be programmed using Voxco, a software platform well-suited for computer assisted web interviewing (CAWI) and computer assisted telephone (CATI) surveys. Even though the PaRIS survey will be programmed as a web survey, the questions will be administered by trained interviewers using Android tablets during telephone and in-person interviews. Key technology benefits of using Voxco includes programming that fully utilizes sophisticated logic checks, skip patterns, and text fills to ease question administration and reduce respondent burden by shortening the interview.

B3. Methods for Maximizing Response Rates and Dealing with Issues of Non-Response

We are assuming a 70% response rate. This is informed by the actual response rate for the MCBS COVID-19 Supplemental Survey conducted in Winter 2021 (under OMB clearance 0938-0568), adjusted downward to take into account lower saliency and increased timing.

To maximize the response rates, data collection staff will undertake extensive outreach efforts. An advance letter will be sent to the selected sample that focuses on the importance of participating in the PaRIS Survey. The advance letter mailing will include a Frequently Asked Questions (FAQs), answering common questions about the PaRIS Survey. A reminder postcard will also be sent to non-responders as needed during the data collection period. Advance letters and reminder postcards have been found to be successful in boosting response on the MCBS. We also will notify government entities about the PaRIS Survey, including CMS regional offices and the CMS hotline. These efforts are undertaken to answer

questions or concerns that respondents may have in order to increase the likelihood that respondents will participate in the PaRIS Survey.

In addition to outreach, the following efforts will be used to maintain a sense of validity and relevance among the survey participants.

- a. Interviewer training emphasizes techniques and approaches effective in communicating with the older and disabled population and ways to overcome difficulties respondents may have in participating.
- b. NORC field management staff are specialized to follow up with respondents who express concerns about participating due to privacy or confidentiality questions.
- c. Non-respondents are re-contacted by a refusal conversion specialist.
- d. Because the PaRIS Survey will be administered to the MCBS sample, the PaRIS Survey will use the dedicated project email address for the MCBS (mcbs@norc.org) and toll-free number (1-844-777-2151) to answer respondent's questions. This information is contained on various materials provided to the respondent.
- e. Whenever possible, the respondent will be paired with the same interviewer with whom they recently completed the MCBS survey. This maintains rapport and establishes continuity of process in the interview.

B4. Tests of Procedures or Methods

The PaRIS Survey (Attachment 1) was drafted by OECD using items from existing, validated sources such as the Patient-Reported Outcomes Measurement Information System (PROMIS®) Global Health Scale, Porter-Novelli Scale, and European Health Interview Survey. To the extent possible, the exact same survey items will be fielded in each participating OECD country so that the metrics collected will be as comparable as possible.

CMS conducted a small number of cognitive interviews (nine) of the PaRIS instrument to assess the understanding of key healthcare related concepts among Medicare beneficiaries in the U.S. As a result of that testing, CMS has made minor changes to terminology of the U.S. instance of the PaRIS instrument to ensure better understanding when administered to a U.S. based audience. Results from this cognitive testing effort were shared with the OECD working group and can be found in Attachment 3.

B5. Individuals Consulted on Statistical Aspects of Design

The person responsible for statistical aspects of design is:

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