

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0938-1185)

TITLE OF INFORMATION COLLECTION: Clinician Focus Groups on Telehealth and Social Determinants of Health

PURPOSE: CMS’s Office of Burden Reduction & Health Informatics (OBRHI) is seeking to conduct focus groups to better understand healthcare providers’ experiences with telehealth and collecting patient data on health-related social needs (HRSN) and risks stemming from the social determinants of health (SDOH). As part of these focus groups, OBRHI seeks to better understand how providers’ experiences with telehealth and HRSN screening differ in rural areas and caring for historically underserved populations.

OBRHI proposes to conduct a total of eight focus groups conducted virtually (by videoconference) with up to six healthcare providers per focus group. Of the eight focus groups, three will include providers who serve high rates of historically underserved populations, two will include providers in rural areas, and three will include providers in areas that are not rural and do not serve high rates of underserved populations. This approach will allow for a comparison across provider categories.

Rural areas will be defined based on areas identified as non-metropolitan by the [2013 National Center for Health Statistics \(NCHS\) Urban-Rural Classification Scheme for Counties](#). Clinicians will be asked to self-identify as to whether they care for high rates of historically underserved populations, defined as clinicians whose patient population includes high rates of Medicaid beneficiaries or racial/ethnic minorities, as well as clinicians who practice at a federally qualified health center (FQHC) or community health center.

Information from these focus groups will help to inform future efforts conducted in support of the [health equity pillar of CMS’s Strategic Plan](#). Specifically, these focus groups will provide CMS with information to inform its work to “incorporate screening for and promote broader access to health-related social needs.” This effort will also support OBRHI’s goal to advance health equity by understanding and addressing the burdens, disparities, barriers, and challenges of people across the healthcare enterprise to eliminate avoidable differences in health outcomes experienced by those who are disadvantaged or historically underserved and help provide the care and support that is needed to thrive.

Furthermore, this data collection aligns with CMS’s and OBRHI’s efforts to routinely engage with key stakeholders. This data collection will support OBRHI’s efforts to gather stakeholder input that will be used to clarify, streamline, and modernize CMS policies and regulations to promote equitable, accessible, efficient, and effective healthcare delivery.

DESCRIPTION OF RESPONDENTS: Respondents will be clinicians (physicians, physician assistants, and nurse practitioners) who currently provide care for Medicare and/or Medicaid patients, treat at least 35 patients per week, and primarily practice in an outpatient, office-based setting.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input checked="" type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Réna McClain

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

CMS will collect PII necessary for conducting the focus groups, including participants' names, telephone number, and email address. This information is being collected under a pledge of confidentiality for exclusively statistical purposes [as defined by 44 USC § 3561(12)]¹. The confidentiality is protected by the Foundations for Evidence-Based Policymaking Act of 2018 (44 U.S. Code § 3572(c)). Because the data collected are protected by statute, this data is exempt from a system of records [5 USC § 552a(k)(4)].

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

Surveys and other data collections with physicians have historically been characterized by low response rates (Cho et al., 2013). Cho, et al. conducted a meta-analysis of physician surveys and found that financial incentives increased response rates. In the marketing research arena, providing participant incentives is a well-established and accepted standard practice. In our experience, in order to achieve a diverse sample of required participants in a timely and cost-effective manner, projects must provide incentives at levels that interest and retain respondents

¹ 44 USC § 3561(12) states that “statistical purpose” means (A) the description, estimation, or analysis of the characteristics of groups, without identifying the individuals or organizations that comprise such groups; and (B) includes the development, implementation, or maintenance of methods, technical or administrative procedures, or information resources that support the purposes described in subparagraph (A).

for their time and effort. This is especially true of populations that are hard to reach or hard to engage. The use of incentives to bolster participation applies to both survey and qualitative research. Incentives improve the quality and efficiency of research in a number of ways, including reducing non-response bias, improving participation by those in hard-to-reach groups, and increasing the efficiency and cost-effectiveness of research (e.g., David & Ware, 2014; Singer & Ye, 2013; Stewart & Shamdasani, 2015).

OBRHI has obtained input from multiple potential vendors who provide focus group recruitment services for the target population. Vendors have consistently indicated CMS would need to offer a minimum incentive of \$350 to recruit specialists that CMS is seeking to include in the focus groups. Multiple vendors have also noted that finding and engaging healthcare providers in rural areas further complicates the recruitment process for this project. However, CMS understands that these vendors typically work with industry, which has a very different perspective on incentives than does the government. Federal incentives are based upon participation being part of the social contract. This applies to individuals and institutions.

Based on this information, CMS is proposing to offer respondents a \$200 token of appreciation for physicians and a \$100 token of appreciation for physician assistants and nurse practitioners who participate. We believe that this amount is necessary given the difficulty of recruiting physicians to complete data collection, which will be compounded by the fact that we are seeking to interview populations that are even more challenging to recruit.

References

Cho YI, Johnson TP, Vangeest JB. Enhancing surveys of health care professionals: a meta-analysis of techniques to improve response. *Eval Health Prof.* 2013;36(3):382-407. doi:10.1177/0163278713496425

Clement L and Claeys C. What’s fair? The fair market value dilemma in health care research. *Quirk’s Market Research Review.* April-May, 2019.

David MC and Ware RS (2014). Meta-analysis of randomized controlled trials supports the use of incentives for inducing response to electronic health surveys. *J Clin Epidem,* 67(11), 1210-1221.

Massey D and Tourangeau R (2013). New challenges to social measurement. *Ann Am Acad Pol Soc Sci,* 645(1): 6–22.

Singer E and Ye C (2013). The use and effects of incentives in surveys. *Ann Am Acad Pol Soc Sci,* 645(1): 112-141.

Stewart DW and Shamdasani PN (2015). *Focus Groups: Theory & Practice,* 3rd Edition. Los Angeles: Sage.

Yancey AK, Ortega AN, and Kumanyika SK (2006). Effective recruitment and retention of minority research participants. *Ann Rev Public Health,* 27, 1-28.

BURDEN HOURS

Category of Respondent	No. of	Participation	Burden
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	Respondents	Time	
Respondent to Eligibility Screener	100	.25 hours	25 hours
Focus Group Participant	48	1 hour	48 hours
Totals			73 hours

FEDERAL COST: The estimated annual cost to the Federal government is approximately \$90,000.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Participants who meet the minimum eligibility criteria will be purposively selected to ensure we obtain input from a diverse range of healthcare providers. Participants will be recruited by a recruitment vendor based on lists of healthcare providers who are interested in participating in research as well as other commercially available lists of healthcare providers.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.