

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: CMS-10723)**

**TITLE OF INFORMATION COLLECTION:** 12SOW Patient Activation Assessment

**PURPOSE:** Per Attachment 3 of the Quality Innovation Network-Quality Improvement Organization’s (QIN-QIO) 12th Statement of Work (12SOW) (see attached), CMS is asking QIN-QIOs to “show better patient engagement, in the regions we manage, as indicated by a 13% increase on measures of patient activation that assess a person’s underlying knowledge, skills and confidence integral to managing his or her own health and healthcare.”

Contractors must collect baseline data early on in the QIN-QIO contract timeframe so we can accurately assess the impact of the QIN-QIOs in relation to patient activation as outlined in the contract. As such, we respectfully request a swift response to this request to use the 16 questions from the Medicare Current Beneficiary Survey that have been validated as an instrument to measure patient activation (see attached), and to begin the data gathering as soon as possible.

Data collected from the survey will be used to develop the baseline upon which future improvement will be gauged and contract success measured. The survey will be conducted yearly thereafter to assess improvement in activation levels. The COR supports this request.

Please note that the data collected from the survey will not be shared outside of our QIN-QIO staff and those at CMS that will evaluate our progress, and no beneficiary PII or PHI will be asked for or collected.

**DESCRIPTION OF RESPONDENTS:** Patients with Medicare, family members and caregivers in the US states and territories

**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 type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Information Gathering</u> |

## **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: Marie Wagner-Clarke, COR III

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

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private sector	100,000**	4 minutes	6,667 hours
<b>Totals</b>	<b>100,000**</b>	4 minutes	<b>6,667 hours</b>

\*\* NOTE: This number represents total survey respondents for 12 QIN-QIOs

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\$0\_\_\_

**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?

*QIN-QIOs will supply healthcare providers with a card or flyer that includes the link to the online survey, and we will ask that they provide that information to their patients.*

**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.**

Link to online survey: <https://www.surveymonkey.com/r/35B3BNV>

Paper copy is attached.

Attachment 3, section on patient and family engagement is attached.

# Patient Activation Assessment

Being an active participant in your health and with your doctors is very important. Your QIN-QIO would like to ask you a few questions about how you manage your medical care to help us find areas where we can improve healthcare for everyone. Please take a few moments to answer the following questions. Your responses are completely private, and no personal information will be collected.

1. Please tell me how confident you are that you can identify when it is necessary for you to get medical care.

<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Not At All Confident</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following are questions related to how you make healthcare decisions. The answers to these questions will help Medicare better understand how people use Medicare services.

2. How confident are you that you can identify when you are having side effects from your medications?

<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Not At All Confident</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Doctors often give instructions about how you should take care of yourself at home, like changing a bandage, taking medicines on schedule or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?

<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Not At All Confident</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you] can follow these recommendations?

<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Not At All Confident</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate?

<b>Very Likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Very Unlikely</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How likely are you to tell your doctor when you disagree with him or her?

<b>Very Likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Very Unlikely</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you always, usually, sometimes or never read about health conditions in newspapers, magazines or on the internet?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you always, sometimes, usually, or never read information about a new prescription, such as side effects and precautions?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you always, sometimes, usually or never bring with you to your doctor's visits a list of questions or concerns you want to cover?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you always, sometimes, usually or never leave your doctor's office feeling that all of your concerns or questions have been fully answered?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you always, usually, sometimes or never take a list of all your prescribed medicines to your doctor's visits?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you always, sometimes, usually or never make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you always, usually, sometimes or never talk with your doctor or other medical person about your options if you need tests, follow-up care, or a referral for care by a medical specialist?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. My doctor listens to what I have to say about my symptoms and concerns. Does that always, sometimes, usually, or never happen?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. My doctor explains things to me in terms that I can easily understand. Does that always, sometimes, usually or never happen?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I can call my doctor's office to get medical advice when I need it. Does that always, sometimes, usually, or never happen?

<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>Do Not Know</b>	<b>Prefer Not to Answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire. Your input is valuable.

**PRA Disclosure Statement will be added as a link to the bottom of the survey once approved.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX (Expires XX/XX/XXXX). The purpose of this voluntary information collection request is to collect information on the knowledge, skills and confidence patients have in managing their own healthcare experience. The end goal of this effort is to show improvement in patient engagement and activation by at least 13%. The time required to complete this voluntary information collection is estimated to average 2 minutes per response, including the time to review instructions and complete and review the information collection. Information will be kept private to the extent provided by the Privacy Act of 1974 (P.L.93-579). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions about the survey please contact kdavis@qualityinsights.org.