

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

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) task order, CMS is asking the QIN-QIO to “show better patient engagement, 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.”

This survey is our method of establishing a baseline, and then later re-measuring to indicate success of at least a 13% increase on measures of patient activation. The questions for the survey were taken directly from Attachment 3. The results of the survey will be used first and foremost to meet the deliverable requirements as stated by CMS. Information gleaned from the responses will also inform the QIN-QIOs of opportunities to improve patients, families, and caregivers experience with the healthcare system. Without sharing the actual data from the survey, we will take what we learn and use that information to make our patient and family engagement efforts more robust. Please note that no beneficiary PII or PHI will be 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	2 minutes	3,333 hours
Totals	100,000	2 minutes	3,333 hours

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: **[INSERT ONLINE SURVEY LINK HERE]**

Paper copy 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.

Very Confident	Confident	Somewhat Confident	Not At All Confident	Do Not Know	Prefer Not to Answer
<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?

Very Confident	Confident	Somewhat Confident	Not At All Confident	Do Not Know	Prefer Not to Answer
<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?

Very Confident	Confident	Somewhat Confident	Not At All Confident	Do Not Know	Prefer Not to Answer
<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?

Very Confident	Confident	Somewhat Confident	Not At All Confident	Do Not Know	Prefer Not to Answer
<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?

Very Likely	Likely	Unlikely	Very Unlikely	Do Not Know	Prefer Not to Answer
<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?

Very Likely	Likely	Unlikely	Very Unlikely	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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?

Always	Usually	Sometimes	Never	Do Not Know	Prefer Not to Answer
<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.