

**PCHQR PRA Appendix B**  
**FY 2017 Burden Estimate (Total Hours & Wages)**

We calculated the burden estimates for data collection related to the measures for the PCHQR Program based on the following data:

- There are approximately 11 PCH facilities nationwide.
- There are approximately 63,468<sup>1</sup> cancer cases across all PCHs per year (beginning with FY 2017).
- The average PCH facility handles 5,770 patients per year.
- The average time spent per measure per case for chart abstraction and data submission is approximately one half of an hour<sup>2</sup>.
- Hourly wage is \$33 per hour, based on wage estimates for healthcare workers that are known to engage in chart abstraction<sup>3</sup>. Employee benefits and overhead costs are estimated at an additional \$33 per hour, for a total cost of \$66 per labor hour.
- Personnel training requires one half of an hour for each new measure and one quarter of an hour for measure maintenance of each existing measure.
- PCHs will require a maximum of five hours to tally and report population and sample count data.
- It is estimated that the NOP, DACA, Extraordinary Circumstances Exception, and measure exception forms should take less than five minutes to complete and thus the burden related to this activity is negligible. However, we have estimated these administrative forms at a conservative estimate of 15 minutes per facility per year.

Our burden estimate calculations are based on the maximum required sample sizes per measure as specified in the FY 2014 IPPS/LTCH PPS Final Rule and the FY 2015 IPPS/LTCH PPS Proposed Rule (see Table A).

Table A

Measure Type	Measures	Expected Annual Sample Size per Measure	# of Cases/Events per Measure Type
Census	<ul style="list-style-type: none"> <li>• NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure</li> <li>• NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure</li> <li>• NHSN Surgical Site Infection (SSI) Outcome Measure</li> <li>• Adjuvant Chemotherapy is considered or</li> </ul>	5,770 (Full population sampling required for each of 6 census measures)	34,620

<sup>1</sup> FY2011 CMS MedPAR

<sup>2</sup> 2007 GAO measure abstraction work effort survey – GAO-07-320

<sup>3</sup> www.salary.com

	<p>administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer</p> <ul style="list-style-type: none"> <li>● Combination Chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative Breast Cancer</li> <li>● Adjuvant Hormonal Therapy</li> </ul>		
SCIP	<ul style="list-style-type: none"> <li>● Surgery Patients Who Received Appropriate VTE Prophylaxis within 24 Hrs Prior to Surgery to 24 Hrs After Surgery End Time</li> <li>● Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker during the Perioperative Period</li> <li>● Urinary Catheter Removed on Post-Operative Day 1 or Post-Operative Day 2 with Day Surgery Being Day Zero</li> <li>● Prophylactic Antibiotic Received Within 1 Hr Prior to Surgical Incision</li> <li>● Prophylactic Antibiotic Selection for Surgical Patients</li> <li>● Prophylactic Antibiotic Discontinued Within 24 Hrs After Surgery End Time</li> </ul>	196 (Sample size requirement is capped at 49 cases per quarter, with 196 cases to be reported annually per each of 6 SCIP measures)*	1,176
Oncology Care	<ul style="list-style-type: none"> <li>● Oncology-Radiation Dose Limits to Normal Tissues</li> <li>● Oncology: Plan of Care for Pain</li> <li>● Oncology: Pain Intensity Quantified</li> <li>● Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients</li> <li>● Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients</li> </ul>	100 (Sample size requirement is capped at 25 cases per quarter, with 100 cases to be reported annually per each of 5 Oncology Care measures)*	500
EBRT	<ul style="list-style-type: none"> <li>● External Beam Radiotherapy for Bone Metastases</li> </ul>	100 (Sample size requirement is capped at 25 cases per quarter, with 100 cases to be reported annually)*	100
HCAHPS	<ul style="list-style-type: none"> <li>● The HCAHPS Patient Experience of Care survey</li> </ul>	1200 (Sample size requirement is capped at 300 cases per quarter, with 1,200 cases to be reported annually for the HCAHPS survey)*	1,200
		<b>Total Cases/Events per PCH</b>	<b>37,596 Cases/Events</b>

\*PCHs may voluntarily submit more than the required sample size.

We estimate that each PCH will report on 37,596 cases across 19 measures which have been finalized or proposed for the PCHQR Program beginning with FY 2017. With chart abstraction requiring an estimated 0.5 hours per case, we expect that each PCH will conduct 18,798 hours of chart abstraction beginning with the FY 2017. Additionally, we expect that each PCH will require 0.5 hours of training for the one newly proposed measure and 0.25 hours of measure maintenance for each of the 18 finalized measures, for a total of 5 hours for training and measure maintenance. Finally, we estimate that each PCH will spend a maximum of 0.25 hours completing administrative forms and a maximum of 5 additional hours tallying and reporting population and sample size counts for the six SCIP measures and five Oncology Care measures in order to report population and sample size data (see Table B below).

Table B

	<b>Chart Abstraction Hours</b>	<b>New Measure Training &amp; Measure Maintenance Hours</b>	<b>Population/ Sample Size Reporting Hours</b>	<b>Administrative Forms</b>
Hours per Task per PCH	18,798 Hours	5 Hours	5 Hours	0.25 hours
			<b>Total</b>	<b>18,808.25</b>

In previous years, in order to determine a “worst-case scenario,” we calculated burden based on the assumption that PCHs would report quality measure data on their full population for each quality measure. In order to improve the accuracy of the burden calculation, sampling methodologies are considered in the calculation of burden for the FY 2015 IPPS/LTCS PPS Proposed Rule for the five oncology care measures, six SCIP measures, and the HCAHPS survey. We have also applied a sampling methodology in calculating burden for the newly finalized External Beam Radiotherapy for bone metastases measure. Based on the assumptions described above, we estimate that the annual hourly burden on each PCH for data collection, submission, and training for all quality measure and population/sample size data would be approximately 18,808 hours. In total, we expect all 11 PCHs to experience a cumulative time burden of 206,891 hours beginning with FY 2017.

Table C

	<b>Chart Abstraction Cost</b>	<b>New Measure Training &amp; Measure Maintenance Cost</b>	<b>Population/Sample Size Reporting Cost</b>	<b>Administrative Forms</b>
Cost per Task per PCH	\$1,240,668	\$330	\$330	\$17
			<b>Total Cost per PCH</b>	<b>\$1,241,345</b>

With an hourly cost of \$66 per hour, we expect 18,808 hours of chart abstraction, training, and population/sample size reporting, and completing administrative forms to cost each facility a maximum of \$1,241,345 annually (see Table C).

Table D

	<b>Total Chart Abstraction Costs</b>	<b>Total New Measure Training &amp; Measure Maintenance Costs</b>	<b>Total Population/ Sample Size Reporting Cost</b>	<b>Administrative Forms</b>	<b>Total Costs</b>
Costs Across 11 PCHs	\$13,647,348	\$3,630	\$3,630	\$182	<b>\$13,654,790</b>

We estimate the total annual cost for all facilities to complete chart abstraction, population/sample size reporting, administrative and training tasks for 19 quality measures to be \$13,654,790 (See Table D). The actual expense may incrementally increase as the PCHQR Program adopts additional measures in future program years.