



**KEY INFORMANT INTERVIEW PROTOCOL**

**COVER SHEET**

**A MULTI-SITE COORDINATED EVALUATION OF THE IMPACT OF QUALITY-BASED PAYMENT STRATEGIES**

<b>Date/Time:</b>	
<b>Name/Title of Interviewee(s):</b>	
<b>Interviewed by:</b>	
<b>Note-taker:</b>	

## INFORMED CONSENT

**Title:** A MULTI-SITE COORDINATED EVALUATION OF THE IMPACT OF QUALITY-BASED PAYMENT STRATEGIES

**Principal Investigator:** Gary J. Young, J.D., Ph.D

### Background

You are being asked to participate in an interview because you work in a setting that is involved in a project concerning improvement in patient care and the use of financial incentive arrangements. Boston University was selected by the Agency for Healthcare Research and Quality to conduct an evaluation of this project. Your responses to the study's questions will allow Boston University to identify factors that lead to successful patient care improvement efforts. The interview should take no more than 35 minutes.

### Purpose

The purpose of this study is to describe how financial incentives contribute to patient care improvement efforts and how senior managers and other leaders perceive these incentives.

### What Happens In This Research Study

You will be one of approximately 8 subjects to be asked to participate at this location. A total of 32 subjects at all institutions will be asked to participate in this study. The research will take place at **Boston University Medical Center/Montefiore Medical Center**.

The interview asks you about your knowledge of the financial incentive program at your institution; perception of the impact of the financial incentive program, including the relevance of the quality measures, adequacy of the financial incentives, and the fairness of payout formulas; perception of the unintended consequences of financial incentive programs; and perception of the factors within your institution that affect the structure and implementation of the financial incentive program. We request that we be allowed to audio-tape the interview to help in the note-taking process.

### Risks and Discomforts

There are no known risks for participating in this study. The study may inconvenience you in terms of the time or the effort that it takes to participate in the interview. At no time will the responses you give the interviewers be shared with your employer. If we wish to quote you anonymously in a publication, we will contact you beforehand to obtain your permission. We will never identify you as an individual in any report or publication. We would like to audio-tape the interview, but you may refuse to have the interview audiotaped for any reason without any risk. There may be unknown risks/discomforts involved. Study staff will update you in a timely way on any new information that may affect your health, welfare, or decision to stay in this study.

### Potential Benefits

You will receive no direct benefit from your participation in this study. However, your participation may help the investigators better understand financial incentive programs. We will provide you and leaders in your organization with anonymous feedback from all interviews that

may be beneficial in planning quality improvement efforts. There are no costs to you or your organization for participating.

### **Alternatives**

Your alternative is to not participate in the study.

### **Subject Costs and Payments**

There are no costs to you for participating in this research study. You will be paid a one-time honorarium of \$50 to participate in this interview.

### **Confidentiality**

Information from this study and from your medical record may be reviewed and photocopied by the Food and Drug Administration (FDA) and/or state and federal regulatory agencies such as the Office of Human Research Protection as applicable, and the Institutional Review Board of Boston University Medical Center. Information from this study and from your medical record may be used for research purposes and may be published; however, your name will not be used in any publications. If we wish to quote you anonymously in a publication, we will contact you beforehand to obtain your permission. At no time will the responses you give the interviewers be shared with your employer.

The confidentiality of personal information is protected by Federal statute, Section 903(c) and Section 308(d) of the Public Health Service Act [42 U.S.C 299a - 1(c) and 242m(d)]. This law prohibits release of personal information outside the public health agencies sponsoring the survey or their contractors without first obtaining permission from the person who gave the information. The Federal government requires that all persons asked to respond to one of its surveys be given the following information: Public reporting burden for this collection of information is estimated to average 15 minutes per survey, the estimated time required to complete the "Quality Targets and Incentives Survey." Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer Attention: PRA, United States Public Health Service  
Paperwork Reduction Project (0935-0098) Hubert H. Humphrey Building, Room 721-B  
200 Independence Avenue, SW Washington, DC 20201

### **Subject's Rights**

By consenting to participate in this study you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this study and that you agree to participate. You will be given a copy of this form to keep. If at any time you withdraw from this study you will not suffer any penalty or lose any benefits to which you are entitled. You may obtain further information about your rights as a research subject by calling the Office of the Institutional Review Board of Boston University Medical Center at 617-638-7207.

The investigator or a member of the research team will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury while participating in



## INTERVIEW PROTOCOL & NOTES TEMPLATE

<p><b>Thanks for agreeing to discuss financial incentives at Boston Medical Center/Montefiore Medical Group and [INSERT NAME OF PRACTICE]. Do you have any questions before we begin?</b></p>	
QUESTION	RESPONSE
<p><b>I. Background of Participant</b></p>	
<p>What is role at [INSERT NAME OF PRACTICE] and how long have you been in that position?</p>	
<p>Would you tell us a little about your background prior to joining the staff at [INSERT NAME OF PRACTICE]?</p>	
<p><b>II. Practice Characteristics</b></p>	
<p>How many physicians practice at [INSERT NAME OF PRACTICE]? Are they full-time, part-time? Are any of them residents?</p>	
<p>How are your physicians paid?</p>	<p><i>Inquire if changes in payment structure have occurred.</i></p>
<p>What primary care specialties are represented among your physicians?</p>	<p><i>e.g., family practice, internal medicine, pediatrics</i></p>
<p>Do you think the physicians are happy with their work situations?</p>	<p><i>If not, why? What issues?</i></p>
<p>Would you describe the support staff you have at [INSERT NAME OF PRACTICE]?</p>	<p><i>e.g., nurses, nurse practitioners, other health care professionals, office staff, billing personnel, etc.</i></p>
<p>In addition to primary care, what other services does [INSERT NAME OF PRACTICE] provide on-site?</p>	<p><i>e.g., laboratory testing, dental, vision, OB/GYN, etc.</i></p>
<p><b>III. Patient Characteristics – WHEN SCHEDULING, HIGHLIGHT TO INTERVIEWEE AS NEEDING PREPARATION</b></p>	
<p>Would you estimate the percentage of patients at [INSERT NAME OF PRACTICE] who are in the following racial/ethnic categories?</p>	<p><i>Latino African-American Asian Caucasian Other?</i></p>
<p>What percentage of patients at [INSERT NAME OF PRACTICE] have income below \$25K?</p>	

What proportion of patients is insured by Medicaid? Uninsured?	
For BMC only: What proportion of patients attend your practice that are covered by BMC's Health Plan?	<i>This is a key question because the financial incentive is sponsored by BMC Health Plan</i>
<b>IV. General Quality Improvement</b>	
Is [INSERT NAME OF PRACTICE] engaged in any quality improvement activities?	<i>Are these internally-funded or externally-funded initiatives?</i>
Do you have an electronic medical record system? If so, do you use the system to improve quality of care? How so?	
Do physicians and other clinical staff meet regularly to discuss quality?	
Do you use performance reports for physicians or other medical staff to improve quality?	
<b>V. Financial Incentive Program Implementation</b>	
Is your practice involved with BMC Health Plan/Montefiore Medical Group's financial incentive program?	<i>If no, skip to section VI.</i>
How did your practice become involved in the program?	<i>Probe: Did you have any role in getting your organization to participate?</i>
Is [INSERT NAME OF PRACTICE] engaged in any other financial or non-financial incentive programs or performance-based initiatives?	<i>Probes: Are they health plan-sponsored? Are these internally-funded or externally-funded initiatives?  How similar/different are these other programs from the financial incentive program sponsored by BMC Health Plan/Montefiore Medical Center?</i>
How is the financial incentive payout structured?	<i>Probe for developers of program: How did the financial incentive come to be structured in this manner? What factors influenced the design of the program (e.g., structure of non-safety net programs)?</i>
How much money is at stake for your practice?	

What are the performance targets? Who is targeted (physicians, organization, etc.)?	<i>Probe: Do you know why those particular targets were chosen over others?</i>
What do you do with the incentive reward?	<i>Probe: Is any of the reward distributed to individual physicians?</i>
Are individual physicians aware of the incentive program?	
Are other clinical staff and support staff aware or involved in the incentive program?	
Have there been any challenges in implementing the incentive program in your practice?	<i>Note: ask this question to developers of the program.</i>
<b>VI. Impact of Financial Incentive Program</b>	
How would you describe the impact of the incentive program on your practice? Could you give us some examples of that impact?	<i>Physicians Patients Organization</i>
Has the program had any negative consequences for your practice?	<i>e.g., diverted attention from other activities</i>
How do you perceive physicians feel about the financial incentive program?	
Has physician behavior changed as a result of the financial incentive program?	
Do you have any recommendations to make the financial incentive program more effective?	
Have I forgot to ask you anything that you think is important to the evaluation?	
<b>That concludes the interview. Thank you very much for your time and assistance.</b>	