

## **Attachment D3 - Healthcare Purchaser Survey**

**This survey is intended for small businesses, large companies, and umbrella organizations that purchase health care for their employees.**

**Note: Skip patterns will be programmed into the online form, making a streamlined survey for respondents.**

**Objectives – Types of information to be collected include:**

1. Identify general descriptive characteristics of respondents (e.g., position in organization, role).
2. Understand respondents' awareness of the EGAPP process and products (e.g., evidence reports, EGAPP Working Group recommendations, targeted informational messages).
3. Determine if the respondents have seen any general information about EGAPP or EGAPP products (e.g., evidence reports, published articles).
4. Determine if the respondent has read any products (e.g., published or web-posted evidence reports, published recommendations).
5. Get feedback on whether specific products might have and have had an impact on inclusion of genetic testing in health plans purchased.

## EGAPP SURVEY

### Introduction to the EGAPP Survey

*Evaluation of Genomic Applications in Practice and Prevention* (EGAPP) is a model project initiated in 2004 by the National Office of Public Health Genomics (NOPHG) at the Centers for Disease Control and Prevention (CDC). The efforts of EGAPP are focused around a 13-member independent, non-federal, multidisciplinary EGAPP Working Group. The goal of EGAPP is to establish a systematic, evidence-based process to assess the effectiveness of selected genetic tests that are in transition from research to clinical and public health practice.

Products of the EGAPP project include evidence reports on selected genetic tests and published EGAPP Working Group recommendations on the appropriate use of the tests based on the evidence collected. Some evidence reports sponsored by the EGAPP project are conducted and released by Agency for Healthcare Research and Quality (AHRQ) Evidence-Based Practice Centers.

To evaluate the value and impact of the EGAPP products, an independent consultant has been contracted to survey key stakeholder groups, including healthcare providers, healthcare payers and purchasers, certain policy organizations, targeted consumer groups, and website visitors. Response to these surveys is very important to inform the EGAPP Working Group and CDC about the best methods and approaches for future review of the effectiveness of emerging genetic tests, and about the potential impact of accurate and timely information on genetic tests on current healthcare practices.

Your feedback will provide important information about the relevance of EGAPP products to your practice. The questions relate only to EGAPP-supported evidence reports and EGAPP Working Group Recommendations. Thank you for your time and assistance.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

1. Which best describes your organization? (please check only one)
  - ☐ Small business that purchases healthcare for its employees
  - ☐ Large company or corporation that purchases healthcare for its employees
  - ☐ Federal purchaser of healthcare
  - ☐ Group purchasing organization
  - ☐ Other (please specify): \_\_\_\_\_

(Checking one of the alternatives in the group below redirects Policy/Payer Survey)

  - ☐ Health plan
  - ☐ Health insurer
  - ☐ Staff-model HMO
  - ☐ Government agency
  - ☐ Organization of health insurance plans

(Checking any of the alternatives below redirects to Policy Survey):

  - ☐ Member of medical professional organization and involved in policy decisions/guideline development
  - ☐ Other policy organization
  - ☐ Advisory panel to the government
  - ☐ Public health program

☐ I am not affiliated with any group listed. → Please do not continue.

**SUBMIT**
2. Within your organization, which of the following activities are you involved in? (please check all that apply)
  - ☐ Collecting and analyzing information that will be used to inform decisions about testing services that will be included in health care plans/policies
  - ☐ Making decisions about testing services that will be included in health care plans/policies
  - ☐ Other: Please describe \_\_\_\_\_
  - ☐ I am not involved in any information gathering or decision-making related to healthcare purchasing. → Please do not continue. **SUBMIT**
3. How did you first hear about EGAPP activities? (please check all that apply)
  - ☐ I read about EGAPP on the CDC or EGAPPreviews.org website
  - ☐ I heard about EGAPP through a professional journal/newsletter (please specify which one) \_\_\_\_\_
  - ☐ A colleague told me about EGAPP
  - ☐ I learned about EGAPP at a meeting (please specify) \_\_\_\_\_
  - ☐ This survey is my first encounter with EGAPP activities → **Skip to question 5**
  - ☐ Other (please describe) \_\_\_\_\_
4. The EGAPP project sponsors the website: *EGAPPreviews.org*. Please rate the three sections of the EGAPP website indicated below, using a rating scale of **1=poor 2=fair 3=good 4=excellent**. If you have not used the section specified, please check 'not used' and move on to the next section.

<b>Evidence Reports &amp; EGAPP Working Group Recommendations:</b>					
<b>not used</b>					
Userfriendliness	1	2	3	4	
Clarity	1	2	3	4	

Understandability	1	2	3	4
Value of information	1	2	3	4

**EGAPP Methods:**

Userfriendliness	1	2	3	4	_____ <i>not used</i>
Clarity	1	2	3	4	
Understandability	1	2	3	4	
Value of information	1	2	3	4	

**EGAPP Topics:**

Userfriendliness	1	2	3	4	_____ <i>not used</i>
Clarity	1	2	3	4	
Understandability	1	2	3	4	
Value of information	1	2	3	4	

5. What potential impact do you think the information on specific genetic tests developed by EGAPP could have on your organization? (please check only those that apply)

- \_\_\_\_\_ Help us to understand the tests and their uses
- \_\_\_\_\_ Help us to determine when the tests are ready for clinical practice
- \_\_\_\_\_ Help us to assess potential risks and benefits of the tests
- \_\_\_\_\_ Help us determine if the tests will impact patient treatment/care
- \_\_\_\_\_ Help us to understand the safety and effectiveness of the tests
- \_\_\_\_\_ Increase our awareness of the impact of testing on patients and their families
- \_\_\_\_\_ Inform us about the consequences of testing or interventions
- \_\_\_\_\_ Impact decisions made by our organization about inclusion of genetic testing in health care policies/plans purchased
- \_\_\_\_\_ Other (please describe) \_\_\_\_\_
- \_\_\_\_\_ I have no opinion on potential impact at this time

6. Below are questions about three of the genetic tests on which EGAPP has commissioned evidence reviews. As appropriate, please answer all questions related to each test. The tests are described briefly before the questions. The tests are:

- a) **CYP450** – this test used in patients treated for depression with selective serotonin reuptake inhibitors or SSRIs
- b) **HNPCC** – a test for newly diagnosed colorectal cancer patients and their families to detect a heritable form of colorectal cancer
- c) **UGT1A1** - a test for colorectal cancer patients to be treated with irinotecan)

**For the questions below, please place a check in the box only if your response is 'yes'. Check all options that apply.**

**General knowledge about the test →→→→→****CYP450 HNPCC UGT1A1**

I learned about this test through a professional organization (specify \_\_\_\_\_)

I learned about this test through the media

I learned about this test from a colleague

I learned about this test in a professional newsletter

I learned about this test on the internet

I learned about this test through drug or diagnostics company literature

Other (specify) \_\_\_\_\_

**I learned about this test through the following EGAPP sources:**

Evidence Report commissioned by EGAPP (either full report or a published summary)

Published recommendations from the EGAPP Working Group based on the Evidence Report

Highlights from the Evidence Report or Working Group recommendations (e.g. from your professional organization, in the media)

Other (specify) \_\_\_\_\_

**a) Regarding CYP450, please respond to the following questions:**

- i) Have you read the EGAPP-sponsored AHRQ evidence report or published summary on CYP450 testing?  
\_\_\_ yes \_\_\_ no \_\_\_ unsure  
**If no or unsure, respondent skips to item iv**
- ii) How useful did you find the evidence report/published summary?  
\_\_\_ very useful \_\_\_ somewhat useful \_\_\_ not useful
- iii) Will this information on CYP450 testing change the way your organization makes health care policies/plans purchased decisions regarding the use of this test?  
\_\_\_ yes \_\_\_ no \_\_\_ unsure  
If yes, please explain: \_\_\_\_\_
- iv) Have you read the EGAPP Working Group recommendations on the use of CYP450 testing?  
\_\_\_ yes \_\_\_ no \_\_\_ unsure  
**If no or unsure, respondent skips to item viii**
- v) How useful did you find the recommendations?  
\_\_\_ very useful \_\_\_ somewhat useful \_\_\_ not useful
- vi) Will the recommendations about the use of CYP450 testing change the way your organization makes health care policies/plans purchased decisions regarding this test?

☐ yes ☐ no ☐ unsure

If yes, please explain: \_\_\_\_\_

vii) Which will be more useful to your organization? (Please check one.)  
☐ evidence report/published summary ☐ recommendations

viii) Is CYP450 testing for patients with depression treated with selective serotonin reuptake inhibitors (SSRIs) available through health care policies/plans you have purchased?  
☐ yes ☐ no ☐ unsure

ix) Did EGAPP information influence your health care policies/plans purchased decisions about CYP450 testing?  
☐ yes ☐ no ☐ unsure

vi) Please provide any comments about the EGAPP evidence report/published summary or recommendations on the use of the CYP450 test that you feel would improve the information for purchasers.

Comment box here

**b) Regarding HNPCC, please respond to the following questions:**

i) Have you read the EGAPP-sponsored AHRQ evidence report or published summary on HNPCC testing?  
☐ yes ☐ no ☐ unsure

If no or unsure, respondent skips to item iv

ii) How useful did you find the evidence report/published summary?  
☐ very useful ☐ somewhat useful ☐ not useful

iii) Will the evidence report on HNPCC testing change the way your organization makes health care policies/plans purchased decisions regarding the use of this test?  
☐ yes ☐ no ☐ unsure  
If yes, please explain: \_\_\_\_\_

iv) Have you seen or read the EGAPP Working Group recommendations on the use of HNPCC testing?  
☐ yes ☐ no ☐ unsure

If no or unsure, respondent skips to item viii

v) How useful did you find the recommendations?  
☐ very useful ☐ somewhat useful ☐ not useful

- vi) Will the recommendations about the use of HNPCC testing change the way your organization makes health care policies/plans purchased decisions regarding this test?  
 \_\_\_yes \_\_\_no \_\_\_unsure  
 If yes, please explain: \_\_\_\_\_
- vii) Which will be more useful to your organization? (Please check one.)  
 \_\_\_evidence report/published summary \_\_\_recommendations
- viii) Is the HNPCC testing for hereditary colorectal cancer available through health care policies/plans your organization has purchased?  
 \_\_\_yes \_\_\_yes- Only patients with a family history of CRC \_\_\_no \_\_\_unsure
- ix) Did EGAPP information influence your health care policies/plans purchased decisions about HNPCC testing?  
 \_\_\_yes \_\_\_no \_\_\_unsure
- x) Please provide any comments about the EGAPP evidence report/published summary or recommendations about HNPCC testing that you feel would improve the information for purchasers.

Comment box here

**c) Regarding UGT1A1, please respond to the following questions:**

- i) Have you read the EGAPP evidence report or published summary on UGT1A1 testing?  
 \_\_\_yes \_\_\_no \_\_\_unsure  
 If no or unsure, respondent skips to item iv
- ii) How useful did you find the evidence report/published summary?  
 \_\_\_very useful \_\_\_somewhat useful \_\_\_not useful
- iii) Will this information on UGT1A1 testing change the way your organization makes health care policies/plans purchased decisions on UGT1A1 testing?  
 \_\_\_yes \_\_\_no \_\_\_unsure  
 If yes, please explain: \_\_\_\_\_
- iv) Have you seen or read the recommendations on the use of UGT1A1 testing?  
 \_\_\_yes \_\_\_no \_\_\_unsure  
 If no or unsure, respondent skips to item viii
- v) How useful did you find the recommendations?  
 \_\_\_very useful \_\_\_somewhat useful \_\_\_not useful



- vi) Will the recommendations on UGT1A1 testing change the way your organization makes health care policies/plans purchased decisions regarding UGT1A1 testing?  
\_\_\_yes \_\_\_no \_\_\_unsure  
If yes, please explain: \_\_\_\_\_
- vii) Which will be more useful to your organization? (Please check one.)  
\_\_\_evidence report /published summary \_\_\_recommendations
- viii) Is coverage for UGT1A1 testing for colorectal cancer patients treated with irinotecan available through health care policies/plans your organization has purchased?  
\_\_\_ yes \_\_\_ no \_\_\_ unsure
- ix) Please provide any comments about the EGAPP evidence report/published summary or recommendations about UGT1A1 testing that you feel would improve the information for purchasers.

Comment box here

7. Were you aware that the EGAPP project team has been inviting comments and suggestions for potential topics for review? \_\_\_ Yes \_\_\_ No

If no, respondent is skipped to #11

8. Have you sent a comment or suggestion? \_\_\_ Yes \_\_\_ No \_\_\_ Not Applicable
9. Do you plan on sending a comment or suggestion in the future? \_\_\_yes \_\_\_no
10. Have you had any difficulty finding or accessing the topic suggestion webpage on the EGAPPreviews.org website?  
\_\_\_ Yes \_\_\_ No \_\_\_ Unsure/Don't know \_\_\_ Not Applicable  
If yes, please explain: \_\_\_\_\_
11. Have you had any difficulty finding or accessing general information about the EGAPP project, the EGAPP Evidence Reports, or the Working Group recommendations?  
\_\_\_ Yes \_\_\_ No \_\_\_ Unsure/Don't know \_\_\_ Not Applicable  
If yes, please explain: \_\_\_\_\_
12. If you have other comments you would like to make please do so in the box below.

COMMENT BOX HERE

Thank you for your feedback! -----> **SUBMIT**

