

ATTACHMENT 5

DATA COLLECTION INSTRUMENTS

HIV PARTNER SERVICES

Concept Testing

In-Depth Interview Guide

Objective and Task

Campaign Objective: To make HIV partner services a routine part of medical care.

Task Purpose: To test different ways to frame a campaign message and concept for PCPs and IDs about utilizing PS.

Data Collection

Setting: The in-depth interviews (IDIs) will take up to 1 hour. A trained interviewer will meet with the participant. A note taker will take notes from behind the one-way mirror.

Consenting: Informed consent will be obtained by the interviewer at the beginning of the interview session.

Statement of burden for in-depth interviews

Public reporting burden of this collection of information is estimated to average 1 hour 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)

Process: The interview will comprise the following steps:

1. Welcome:

Welcome—the interviewer will welcome the participant and explain the purpose of the interview session.

Informed Consent—the interviewer will briefly review the consent form and obtain the participant’s informed consent.

Warm-up: Brief information on basic information on physician’s practice.

Actions Upon Diagnosing a Patient with HIV: To explore current practices for treating and referring patients newly diagnosed with HIV.

Concept Testing. The purpose of this phase is to test three different ways to frame a campaign message for PCPs and IDs about implementing PS as a routine part of care. The testing will inform the materials development process for the campaign.

Ranking of Concepts. To have participant rank their favorite concepts from most to least.

Materials. Explore what materials physicians would find useful.

Preferred Delivery. To explore ways that PCPs would like to receive updates and information about CDC recommendations on HIV testing.

Closing.

I. Welcome

Thank you for coming today. Your participation is very important. I’m ____ and I’m from RTI, a non-profit research organization. I am conducting these interviews for the Centers for Disease Control and Prevention (CDC). The purpose of this interview is to get your feedback on three concepts that will be the basis for a communication campaign for primary care providers and infectious disease specialists. Your insights are very important to us in this process, and your time today is appreciated. This interview will last about one hour.

[Interviewer gives participant consent form] Here is an informed consent form. Take a moment to review it and if you agree to it, please sign it.

[Interviewer gives participant 5 minutes to review and sign the consent form.]

- The consent form states that you have agreed to be part of a study about HIV testing.
- Your participation is voluntary and you have the right to withdraw from the study at any time.
- You have probably noticed the microphones in the room. They are here because I am audio taping. At the end of today’s discussion, I have to write a report. I want to give you my full attention and not have to take a lot of notes.
- Behind me is a one-way mirror. Some of the people working on this project may be observing this discussion so that they can hear your opinions directly from you.
- Your identity and anything you personally say here will remain confidential. Your name, address, and phone number will not be given to anyone, and no one will contact you after this interview is over. When I write my report, I will not refer to you by name.

- Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the materials we will be discussing. I do not work for the people sponsoring this research and I did not develop any of these materials, so don't hold back on giving me your honest opinions.
- Do you have any questions before we begin?

II. Warm-Up

1. Please tell me a little about you and your medical practice.
 - Number of years in practice
 - Description of practice
2. How about your patients?

[Probe as needed for:]

- age
- race
- ethnicity
- gender
- sexual orientation
- socioeconomic status
- type of insurance (Medicaid/Medicare or private insurance or self pay)

III. Actions Upon Diagnosing a Patient with HIV

3. When you have a patient test positive for HIV, what do you do?
 - Do you refer them to another organization for services (e.g. prevention counseling, partner notification, medical care)? Why/why not?
 - If yes: What services do you refer them for?
 - Where do you refer them? (e.g. health department, community-based organization)
 - Please tell us what's involved when referring someone for services. In other words, walk us through the process that you go through.
 - What could be done to make this referral process easier?
4. When you have a patient test positive for HIV, what kind of assistance do you offer them with notifying their partners?
 - What is involved in the process of helping them notify their partners? When does this typically happen?
 - Do you refer them to another organization for assistance with notifying their partners? Why/Why not?
 - Where do you refer them? (Probe for health department, CBOs, if not mentioned)
5. How important do you think it is for physicians to assist patients who test positive for HIV in notifying their partners that they may have been exposed to HIV? Why/why not?

IV. Background and Campaign Description

Now, I'd like to give you a little background to help set the stage for our discussion today.

[Interviewer: Points to board, summarizing the background for why the CDC is changing the PS recommendations]

MODERATOR: Provide handout of PS overview. Give physician time to review and then discuss.

Partner Services are a set of activities led by State Health Departments, and supported by healthcare providers, to notify the sex and drug-injection partners of HIV-positive persons that they have been exposed to HIV; offer them counseling, testing and referral services; and ensure that all HIV-positive persons are linked to appropriate medical care. The goals of HIV Partner Services include the following: (1) Help provide services to all HIV-infected persons, link to medical care and treatment, and counsel to avoid transmission to others and (2) Ensure sex and drug-injection partners are notified of their potential exposure and gain early access to individualized counseling, HIV (and other STDs) testing, medical evaluation, and treatment. Effective HIV Partner Services can also improve disease surveillance; identify high-risk social, sexual, and drug-using networks that can then be targeted for prevention; increase access to services for individuals who may otherwise be difficult to reach; and contribute to a comprehensive program for reducing HIV transmission in the community.

Do you have any questions before we begin?

V. Presentation of Concepts

Now I would like to show you 3 concepts that are meant to present information to primary care physicians and IDs about make PS as a routine part of care. These concepts are a combination of images and written statements that provide a reason for using PS. While they may look like advertisements, at this stage, they are not and would not appear in this same form as part of the communication campaign. The idea is to determine the most compelling approach to convince you to use PS.

I'll show you a concept and then we'll discuss it. We will repeat this same process with each of the three concepts. For now, I would like you to avoid comparing the concepts. Instead, consider each concept based on its own merits.

[Interviewer: Alternate the order that you present the concepts across interviews]

[Interviewer: Repeat the next set of questions for each of the 3 concepts]

6. What is your initial reaction to this concept?

Probe: How relevant is the concept to you as a [primary care physician/IDs]?

7. What do you like about this concept? What do you dislike?

8. What are the strengths of this concept? What are its weaknesses or challenges?
Probe: Are there any words or phrases that you object to or don't like?

9. Is there anything about the concept that is confusing or unclear?

10. Is there any particular part of this concept that you think is critically important? If so, which? Why?

11. What could be added or changed about this concept to make it stronger or more motivating?

Probe: Is there any key piece of information that you'd need to be added to this concept before you'd be convinced to start using PS? What is that?

12. What do you think of the image?

- How does what you see affect you?
- Would you describe the visual as powerful? Why/why not?
- Is the image distinct or does it remind you of something you've seen before? [if appropriate] What does it remind you of?
- Do you think you would remember the image later? Why/why not?

13. How well does the text relate to the image? Why do you say that?

14. What impact would this concept have to convince or encourage you to make PS a routine part of care?
How?

Probe: If you saw this in a journal would you stop and read it?

VI. Ranking of Concepts

Now that we have had a chance to review and discuss the 3 concepts for encouraging you to adopt PS as a routine part of care, please think about which concept is the most motivating to you.

15. If you were to rank the 3 concepts from most to least motivating, which would you rank as most motivating? What is it about this concept that you find most motivating?

16. Which would you rank as second most motivating? Why is that?

17. Third? Why would you rank this approach as the third most motivating? Why?

18. Next, I'm going to give you a sheet of paper with several statements with statistics about HIV and HIV testing. To help us better understand which statistics are the most compelling reasons to routinely test your patients for HIV, please rank the statements from most (1) to least motivating (7).

- 25% of people with HIV are unaware they have it.
- 27% of those diagnosed with HIV are women.
- Almost 80% of women infected with HIV contracted it through heterosexual contact.
- 40,000 new cases of HIV every year.
- 43% of persons with AIDS first tested positive for HIV within a year of their AIDS diagnosis.
- Late testers are more likely to be black or Hispanic and to have been exposed through heterosexual contact.
- 87% of late testers had their first positive test at an acute or referral medical care setting.

VIII. Materials

OK, now I'd like to ask you about ways to best communicate the revised recommendations to physicians.

19. What would be some good ways for CDC to share information about the new HIV PS recommendations with you and your colleagues?

(Probe first and then hand out the list)

Please select the top 5 ways that you would like to receive information about the new HIV PS recommendations.

List of possible tactics

- Mailing
- Fax
- Email
- Web site
- Medical journal advertisement
- Rx pad ads
- Medical meeting exhibit
- Medical conference symposium
- Clinical update courses at local or regional hospitals
- CME course (in person)
- CME course (online)
- CME course (by mail)
- Article in medical journal
- Professional association publication
Which association? _____
- Other _____

20. Are there particular materials that you think would help facilitate physicians adopting the recommendations to include PS as a routine part of care? What are they?

21. Are there any other materials, apart from the ones we've discussed, that would be helpful?

IX. Preferred Delivery

22. What would be the best way to reach you with updates and information about topics like this?

Probe: Email? Web? Regular mail?

23. If the materials had logos of CDC, your professional medical organizations or advocacy organizations, which one(s) would make you more likely to pay attention to the materials? Who influences your decisions to read materials?

24. What influences most your decision to implement new recommendations?

XII. Close

Okay, we are pretty much out of time. Do you have any last thoughts?

[Interviewer will check with observers for additional questions or comments.]

I would like to thank you for coming today and working hard on this. This has been very useful in helping us to evaluate the different concepts for promoting PS as a routine part of care.