



IOWA FOUNDATION FOR MEDICAL CARE

MEMO

Date: January 21, 2008

To: Doris Lefkowitz, Reports Clearance Officer
Agency for Healthcare Research and Quality (AHRQ)

Cc: Kari Matheason, Marlene Hodges, Mike Speight, Peg Mason
Iowa Foundation for Medical Care (IFMC)
Cynthia Irvin, Research Triangle Institute (RTI) International

From: Susan Brown, IFMC
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Re: Iowa HISPC Consumer Focus Groups

This memo pertains to the AHRQ Notice on the proposed project “Focus Groups on Consumer Engagement in Developing Electronic Health Information Systems” dated December 17, 2007.

IFMC conducted a series of five consumer focus groups (3 urban, 2 rural) during involvement in the Health Information Security and Privacy Collaboration (HISPC) Project in 2006. The purpose of the groups was to assess the overall awareness and perceptions of privacy and security issues as they relate to the electronic exchange of personal health information in Iowa.

The sessions were conducted by Essman Research, an independent research firm based in Des Moines, IA, after coordinating with IFMC to develop a recruitment tool, discussion guide and group exercises. Sessions were two hours in length and involved a total of 50 consumers.

Upon learning of the proposed AHRQ project, IFMC determined that it might be helpful to pass along the results of our consumer focus groups. An Executive Summary report is attached, as well as a Power Point presentation used at the Minnesota e-health summit in June 2007. IFMC also produced a 17-minute DVD containing summary footage from two focus group sessions. I would be glad to forward a copy if you are interested.

The main “lessons learned” are discussed in detail in the attached Executive Summary report. However, we would also highlight a few logistical considerations:

- A \$50 stipend for a 2-hour session scheduled over a mealtime, with meals provided, was an effective way to engage the consumers. Stipends were provided on the spot.
- Essman recommended no more than 10 persons per session to allow adequate involvement by each participant. Fifteen persons were recruited for each session to allow for “no-shows”. If more than 10 showed up, the additional persons were paid and sent home.
- It was difficult to fit in 4 written consumer exercises in addition to the discussion guide during the 2 hours. Adjustments were made after the first focus group to accommodate this fact (e.g., consumers were asked to write out only 1-2 exercises; the rest were discussed verbally).

(continued)

- After the focus groups, IFMC contacted one of the most engaged participants about ongoing participation in HISPC work groups. This person added much value as a consumer representative throughout the project.

We hope these materials are useful as you prepare for your focus group project. Please feel free to contact me if there are any questions.

Attachments:

- 1) Iowa Consumer Focus Group Executive Summary Report (includes recruitment screener, discussion guide, focus group exercises, verbatim responses)
- 2) Iowa Consumer Focus Group Introduction (used to describe the topic to consumers)
- 3) Consumer Focus Group Power Point presentation given at the Minnesota e-health Summit