

Attachment 4

Innovator Interview Guide

Background

Hello. My name is ____ and I work with RTI International, a not for profit research company. I want to thank you for participating today. We are working on a project sponsored by the Centers for Disease Control and Prevention, or CDC, on preconception health. The purpose of this discussion is to obtain your input, as an expert/innovator in the field, on issues related to preconception health and preconception care.

This interview will take about 1 hour. Your participation in this discussion is voluntary and you can end your participation at any time. The discussion will be audio recorded so that I can give you my full attention without having to take a lot of notes. Your name or organization will not be connected to any of the written notes or transcripts. Results will be presented without any names and quotes will not be attributed to any specific individual.

[If CDC representative is listening to the call] I want to let you know that a representative from the CDC is listening to the discussion so they can better understand your views and opinions. He/she will not participate in any way during the discussion.

[OBTAIN INFORMED CONSENT].

Do you have any questions for me before we begin?

Is it OK if I begin recording now? [TURN ON RECORDER]

1. Please tell me about your role in working in preconception care.
2. What does the term preconception care mean to you?
Probe: do you think of PCC more of a set of behaviors or a set of services? Or both? What makes the difference? Are there better terms to use than PCC?

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3. In your opinion, what services or types of care make up preconception care?
[PROBE: What about...[insert services on our long list not mentioned]]
4. What barriers do you think are the most challenging, overall, to offering PCC?
How could these barriers be addressed?
5. What would motivate providers to practice PCC? How could PCC be
beneficial to providers and health care systems?
6. How feasible would it be to offer incentives for physicians who practice PCC?
How would this work?
7. What would motivate insurance providers to reimburse for these services?
8. Do you think consumers would be willing to pay out of pocket for PCC
services if they were not covered by public or private insurance? Why/Why
not?
9. Speaking of consumers, to whom/what groups do you think are the most
important target audience for promoting PCC? Why?
10. What are the behaviors that comprise PCC or PCH for women? What about
for men? Are there any PCH behaviors that are specific to couples? If so,
what are they?
11. What do you think are major barriers consumers face in practicing PCH
behaviors or receiving PCC? What are the differences between those
consumers who practice PCH and those who don't?
12. What are your thoughts on how PCH messages could be grouped or bundled
when promoted to consumers? Would some messages be more effective if
targeted to the woman? Her partner? Or couples together?
13. What types of consumers do you think would most likely seek out PCC? What
groups would be most responsive to PCH messages?
14. In your opinion, what would a care model for PCC look like? How would it
work? What are the basic characteristics? What types of providers would be
involved? What are the biggest challenges for this type of model? Where are
there opportunities for success? What do pieces of care do providers do the
most? The least? Add question to chunk out care – medication, education,
15. What do you think about a model where mid-level providers (PAs, midwives,
nurse practitioners, nurses) provide PCC?

16. What are your opinions about a model where PCH messages are given throughout the continuum of care? For example, messages could be provided at well woman visits (even while not planning a pregnancy), just after a woman has had a baby, or at pediatric visits.
17. In the care model you described, how would PCC services be billed and covered?
18. Besides insurance providers, what other types of organizations, foundations, or agencies do you think would be interesting in funding PCC initiatives?
19. To what organizations and groups should PCH/PCC be promoted?
20. What strategies should be used to promote PCH/PCC to these organizations? To ensure support by health care systems and providers, what should the key messages about PCC/PCH be?
21. If pilot programs for PCC were initiated, where should they be launched? Probe: community health centers, academic health centers, HMOs, private sector? Are there particular regions of the country, states, or counties that you think are would be most receptive to PCC initiatives of pilot projects? For those who have launched, participated in PCC programs – how did these programs work for you?
22. How could pilot programs be evaluated?
23. In your opinion, what should be done to propel the PCC movement forward?

Wrap-up

Before we wrap up, as you reflect on what we discussed, do you have anything else to add about moving the PCC movement forward?

Thank you so much for your time. Your responses have been very valuable.