

Health Care Systems for Tracking Colorectal Cancer Screening Tests

Informal Interview Protocol

(Pre Intervention and Control Practices)

Name (Interviewee):

Location:

Address

Telephone No.:

Fax No.:

Email:

Date:

Interviewer:

Note to interviewer: The purpose of these informal interviews is to gather additional information or to provide clarification and follow-up to issues that were discussed (or not discussed) during a previous practice focus group. The interview script below includes questions that may or may not be asked, as it will serve as a guide rather than script for the interviews.

The Lehigh Valley Hospital EPICnet along with the Thomas Jefferson University and The CNA Corporation is going to conduct a study to assess an intervention to improve colorectal cancer screening and follow-up among patients 50 – 79 years old. As part of our work, we are speaking with a range of providers and practice staff to help us better understand existing practice procedures and systems for colorectal cancer screening results

Your decision to participate in this interview is voluntary. You may refuse to take part, or choose to stop, at any time. A decision to refuse to take part or to stop being a part of our discussion will not have a negative impact on you in any way. All information discussed today will be held in our confidence. Information you provide will be summarized and reported with the responses of others, and will not be linked to you or any individual. There is no direct benefit from being in this study; however, taking part may help identify strategies to improve colorectal cancer screening and follow up in the future.

- Do you have any questions about your participation in this interview? If you do not want to participate in this study, please let me know at this time.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the interview. 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. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

QUESTIONS:

Practice Perceptions:

1. * Does the practice have a mechanism to regularly schedule time to discuss medical processes and procedures?
2. * Does the practice have an office policy towards the following (and please describe):
 - a. Colorectal cancer (CRC) screening?
 - b. CRC follow up?
 - c. Reminding patients to get screened?
 - d. Patient chart audits?
 - e. Patient education?
3. * How is new information, such as new colorectal cancer screening guidelines, disseminated throughout the practice?
4. * Tell me about what kind of bottlenecks and/or challenges, if any, you experience in your colorectal cancer screening process?
 - a. In your CRC tracking process?
5. Describe to me how your practice identifies patients who are eligible for screenings?

If not already disclosed in #2 and if time permits:

6. Can you walk me through the process in your practice for colorectal cancer screening?
 - a. Can you describe to me what is done at each step and who is responsible?
7. Can you walk me through the process in your practice for tracking colorectal cancer screening results?
8. Describe to me what happens if someone responsible for a step in the process is not available?
9. How are lab results communicated within the practice?

Factual-Based Questions (if not obtained elsewhere):

10. How would you characterize your practice?
 - a. *Probe:* Would you say it is: a solo practice, a practice with one other physician, a single-specialty group practice, a multi-specialty group practice?
11. How many providers do you have in your practice?
 - a. How many support staff?
 - b. What types of facilities do you have available in your practice (e.g. exam rooms, x-rays, etc)?
12. Can you describe to me the general patient population you serve (e.g. patient demographics)?

- a. Are there providers at your practice who can communicate with patients whose first language is not English?
- b. What are some of the main secondary languages spoken by patients and providers?
- c. Are there translator services available to patients?

13. What types of insurance do you accept?

14. If electronic medical records are used in your practice, describe to me how they are they used?

15. What percentage (%) of your patients are insured and uninsured?

16. What percentage (%) of your patients are covered by managed care plans, such as an HMO or PPO?

17. What percentage (%) of your patients are over 50 years of age?

Conclusion:

18. Before we end are there any issues or topics that I have not brought up today that you would like to address?

*** Thank you very much for taking the time to talk with me today***.

* Indicates questions of a higher priority

Health Care Systems for Tracking Colorectal Cancer Screening Tests

Informal Interview Protocol

(Post Intervention)

Name (Interviewee):

Location:

Address

Telephone No.:

Fax No.:

Email:

Date:

Interviewer:

Note to interviewer: The purpose of these informal interviews is to gather additional information or to provide clarification and follow-up to issues that were discussed (or not discussed) during a previous practice focus group. The interview script below includes questions that may or may not be asked, as it will serve as a guide rather than script for the interviews.

The Lehigh Valley Hospital EPICnet along with the Thomas Jefferson University and The CNA Corporation has recently conducted a study to assess an intervention to improve colorectal cancer screening and follow-up among patients 50 – 79 years old. As part of our work, we are speaking with a range of providers and practice staff to help us better understand experiences with the intervention and facilitators and barriers to the intervention's implementation.

Your decision to participate in this interview is voluntary. You may refuse to take part, or choose to stop, at any time. A decision to refuse to take part or to stop being a part of our discussion will not have a negative impact on you in any way. All information discussed today will be held in our confidence. Information you provide will be summarized and reported with the responses of others, and will not be linked to you or any individual. There is no direct benefit from being in this study; however, taking part may help identify strategies to improve colorectal cancer screening and follow up in the future.

- Do you have any questions about your participation in this interview? If you do not want to participate in this study, please let me know at this time.

QUESTIONS:

1. * In general, can you tell me what you thought about the colorectal cancer screening intervention?
 - a. How do you think it worked in terms of increasing colorectal cancer screening?
 - b. How do you think it worked in terms of increasing screening follow up?
2. * What were some of the things that you think made the intervention work well in your practice (e.g. facilitators)?
 - a. Was there anything that specifically worked well to increase screening?
 - b. Was there anything that specifically worked well to increase follow up?
3. * What were some things that you think did not work so well in your practice (e.g. barriers)?
 - a. Was there anything specifically that did not work well to increase screening?
 - b. Was there anything specifically that did not work well to increase follow up?
4. How did the practice handle questions or visits from patients?
 - a. Did the practice experience an increase in phone calls and visits from patients inquiring about the screening?
5. How did the staff respond to patients' questions about the project and/or about colorectal cancer screening in general?
 - a. Did they feel like they were knowledgeable enough about the intervention (e.g. was enough information provided to them)?
6. * Tell me about whether you think the practice will continue with the intervention in the future?
7. If you've seen an increase in colorectal cancer screening and follow up, describe to me whether you think this increase is sustainable? Why or why not?
8. Are there any stories that you find particularly memorable (no names) with respect to the study that you'd like to share?
9. * What do you think could have been done to improve the intervention?
 - a. Do you think anything could have been done to improve the following intervention components?
 - i. Academic detailing
 - ii. Chart audits
 - iii. CDE performance feedback form
 - iv. Coordination with the lab
 - v. Provider understanding
 - vi. Practice staff understanding
 - vii. Perception of patient satisfaction
10. Before we end are there any issues or topics that I have not brought up today that you would like to address?

*** Thank you very much for taking the time to talk with me today***.

* Indicates questions of a higher priority