Attachment D3 - Healthcare Purchaser Survey

This survey is intended for organizations, businesses, alliances that purchase health care packages for 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 EGAPP and EGAPP products (e.g., evidence reports/summaries, EGAPP Working Group recommendations).
3. Determine if the respondent has read any products (e.g., published or web-posted evidence reports, published EGAPP recommendations).
4. Get feedback on whether specific products have or could affect decisions on inclusion of specific genetic tests in health care packages purchased.

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Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Survey

Introduction to the EGAPP Survey

Evaluation of Genomic Applications in Practice and Prevention (EGAPP) is an initiative launched 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 an 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.

Please note: While taking the survey, please do not use your browser's back and/or forward buttons; please only use the next and previous buttons within the survey. Thank you.

1. Which best describes your organization?
___ Small business that purchases healthcare packages/policies for its employees
___ Large organization (company, hospital) that purchases healthcare packages/policies
___ Federal purchaser of healthcare
___ Group purchasing organization
(Checking one of the alternatives below redirects to Policy/Payer Survey)
___ Health plan
___ Health insurer
___ 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
___ Accreditation organization

___ I am not affiliated with any group listed. → **Exit survey SUBMIT**
___ Other (please specify): _____

2. Within your organization, which of the following best describes your role?
___ Collecting and analyzing information used to inform decisions about genetic testing to be included in health care packages/policies purchased.
___ Making decisions about genetic testing services to be included in health care packages/policies purchased.
___ I am not involved in any information gathering or decision-making related to healthcare purchasing. → **Exit survey SUBMIT**
___ Other (please describe) _____

3. Prior to this survey, had you read or heard about EGAPP?
___ yes
___ no →Skip to question 5a (first survey distribution) or 6a (second survey distribution)
___ unsure →Skip to question 5a (first survey distribution) or 6a (second survey distribution)

4. Where have you read or heard about EGAPP activities? (please check all that apply)
_____ I read about EGAPP on the CDC or *wwwegappreviews.org* website.
_____ I heard about EGAPP through a professional journal/newsletter.
_____ A colleague told me about EGAPP.
_____ I learned about EGAPP at a meeting.
_____ Other (please describe) _____

If you checked the "I heard about EGAPP through a professional journal/newsletter" response above, please specify that journal/newsletter title here:

If you checked the "I learned about EGAPP at a meeting" response above, please specify that meeting here:

If this is the second survey distribution, respondents will be skipped to question 7a.

Following is a set of questions about a genetic test for which EGAPP has completed an evidence review and a recommendation. The test is described briefly before the questions.

> ***Cytochrome P450 (CYP450) genotyping is a genetic test proposed for use in patients treated for depression with selective serotonin reuptake inhibitors (SSRIs) to help in selection of drug and dosage.***

5a. Are you aware of the CYP450 genetic test?

___ yes
___ no →Skip to question 11
___ unsure →Skip to question 11

5b. From what source(s) have you heard about the CYP450 genetic test? (check all that apply)

___ An EGAPP-sponsored evidence report or published summary
___ An EGAPP Working Group recommendation
___ Primary research/review article
___ Professional organization
___ Colleague
___ Meeting/conference
___ News media
___ Other (please specify)

The following questions refer specifically to the evidence report/published summary and EGAPP recommendation on CYP450 testing

5c. Have you read the EGAPP-sponsored evidence report on CYP450 testing, or a published summary of the evidence report?

____ yes ____ no ____unsure

If no or unsure, respondent skips to item 5f

5d. How understandable did you find the evidence report/published summary to be?

___very understandable ____somewhat understandable ___not understandable

5e. Will the information on CYP450 testing change the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___ yes ___ no ___unsure

If yes, please explain: _____

5f. Have you read the EGAPP Working Group recommendation about the use of CYP450 testing in patients with depression treated with SSRIs?

___ yes ___ no ___unsure

If no or unsure, respondent skips to item 5j

5g. How understandable did you find the EGAPP recommendation to be?

___very understandable ____somewhat understandable ___not understandable

5h. Will the EGAPP recommendation about the use of CYP450 testing change the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___yes ___no ___unsure

If yes, please explain: _____

5i. Which will be more useful to your organization? (Please check one)
___Evidence report/published summary ___ Recommendations ___ Not applicable

5j. Please provide any comments about the evidence report/published summary or EGAPP recommendation on the use of CYP450 testing in patients with depression treated with SSRIs that you feel would improve the information for purchasers.

Comment box here

6. Is CYP450 testing for patients with depression treated with SSRIs covered in any health care packages/policies you currently purchase? ___ yes ___ no ___ unsure

If this is the first survey distribution, respondents will be skipped to question 11.

Testing for Hereditary Non-Polyposis Colorectal Cancer (HNPCC or Lynch Syndrome) in newly diagnosed colorectal cancer patients and their families may be may be offered to a selected subset of high risk patients to detect a heritable form of colorectal cancer.

7a. Are you aware of the genetic testing for HNPCC (Lynch Syndrome)?
___ yes
___ no →Skip to question 9a
___ unsure →Skip to question 9a

7b. From what source(s) have you heard about genetic testing for HNPCC (Lynch Syndrome)? (Please check all that apply)
___ An EGAPP-sponsored evidence report or published summary
___ An EGAPP Working Group recommendation statement
___ Primary research/review article
___ Professional organization
___ Colleague
___ Meeting/conference
___ News media
___ Other (please specify)

The following questions refer specifically to the evidence report/published summary and EGAPP recommendation on HNPCC testing

7c. Have you read the EGAPP-sponsored evidence report on genetic testing for HNPCC (Lynch Syndrome), or a published summary of the evidence report?
____ yes ____ no ____unsure
If no or unsure, respondent skips to item 7f

7d. How understandable did you find the evidence report/published summary to be?
___very understandable ____ somewhat understandable ___ not understandable

7e. Will this information on genetic testing for HNPCC (Lynch Syndrome) change the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___ yes ___ no ___unsure

If yes, please explain: _____

7f. Have you read the EGAPP Working Group recommendation about the use of genetic testing for HNPCC (Lynch Syndrome)?

___ yes ___ no ___unsure

If no or unsure, respondent skips to item 7j

7g. How understandable did you find the EGAPP recommendation to be?

___very understandable _____ somewhat understandable ___ not understandable

7h. Will the EGAPP recommendation influence the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___yes ___no ___unsure

If yes, please explain: _____

7i. Which will be more useful to your organization? (Please check one.)

___evidence report/published summary ___EGAPP recommendation _____ Not applicable

7j. Please provide any comments about the evidence report/published summary or EGAPP recommendation on the use of HNPCC (Lynch Syndrome) testing in newly diagnosed colorectal cancer patients that you feel would improve the information for purchasers.

Comment box here

8. Is genetic testing for HNPCC (Lynch Syndrome) in newly diagnosed colorectal cancer patients covered in any health care packages/policies you currently purchase?

UGT1A1 testing is a pharmacogenetic test for colorectal cancer that may be offered to patients treated with irinotecan.

9a. Are you aware of the genetic testing for UGT1A1?

___ yes
___ no →Skip to question 11
___ unsure →Skip to question 11

9b. From what source(s) have you heard about genetic testing for UGT1A1? (Please check all that apply)

___ An EGAPP-sponsored evidence report or published summary
___ An EGAPP Working Group recommendation statement
___ Primary research/review article
___ Professional organization
___ Colleague
___ Meeting/conference
___ News media

___ Other (please specify)

The following questions refer specifically to the evidence report/published summary and EGAPP recommendation on UGT1A1 testing

9c. Have you read the EGAPP-sponsored evidence report on genetic testing for UGT1A1, or a published summary of the evidence report?

_____ yes _____ no _____unsure

If no or unsure, respondent skips to item 9f

9d. How understandable did you find the evidence report/published summary to be?

___very understandable _____ somewhat understandable ___ not understandable

9e. Will this information on genetic testing for UGT1A1 change the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___ yes ___ no ___unsure

If yes, please explain: _____

9f. Have you read the EGAPP Working Group recommendation about the use of genetic testing for UGT1A1?

___ yes ___ no ___unsure

If no or unsure, respondent skips to item 9j

9g. How understandable did you find the EGAPP recommendation to be?

___very understandable _____ somewhat understandable ___ not understandable

9h. Will the EGAPP recommendation influence the way your organization makes decisions about inclusion of this genetic test in health care packages/policies purchased?

___yes ___no ___unsure

If yes, please explain: _____

9i. Which will be more useful to your organization? (Please check one.)

___evidence report/published summary ___EGAPP recommendation

_____ Not applicable

9j. Please provide any comments about the evidence report/published summary or EGAPP recommendation on the use of UGT1A1 testing in newly diagnosed colorectal cancer patients that you feel would improve the information for purchasers.

Comment box here

10. Is genetic testing for UGT1A1 in newly diagnosed colorectal cancer patients covered in any health care packages/policies you currently purchase?

11. Have you visited the EGAPP website: www.EGAPPreviews.org?

___ yes

___ no →Skip to question 13

12. How useful did you find the EGAPP website?

___very useful _____ somewhat useful ___ not useful

13. If you have other comments you would like to make please do so in the box below:

COMMENT BOX HERE

This is the end of the survey, thank you for your feedback. Click the "Submit" button below to submit your responses. → SUBMIT