

**CDC Inside Knowledge Campaign
2011 Health Care Provider Formative Research (Focus Groups)
Moderator Guide**

I. BACKGROUND

A. Opening (@2 minutes)

Thank you for taking time to join us this evening. My name is _____. As you know from the conversation you had about this focus group study, The Centers for Disease Control and Prevention (CDC) is developing a program for women, age 40 and up, and their health care providers about gynecologic health. To help assure that the program is valuable to providers in diverse primary care practices, CDC would like to hear from you about your practices, and also get your input about several things. I'll tell you more about the program shortly.

- *Importance and value of hearing everyone's candid opinions:* You represent a variety of practices, so I am looking forward to hearing different ideas about what's feasible or not. Consensus development is not a goal of the focus group. I want to hear from everyone, although I will not have the luxury of having all of you answer every question.
- **Be brief:** I have so much to cover that I must ask you to keep your comments brief. I want to get at least a little information on all of our topics, and I apologize in advance if I must interrupt you to move on to another person or topic to hold to our time constraints tonight.

B. Introductions (@8 minutes depending on # of participants)

Short overview of practices:

Let's have some brief introductions. When you introduce yourself, please tell us very briefly – no more than, say, a minute or so – the type of practice you're in**, the proportion of female patients you see who are 40 and older -- and anything that may be unusual about your practice or patient population.

Public reporting burden for this collection of information is estimated to average 1.5 hours 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, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0800)

II. DISCUSSION TOPICS

A. Typical annual exam for women 40+

1. I'd like to hear about what you typically do – and also, what you discuss – during routine wellness visits with female patients who are 40 or older. (@5 minutes – quick rundown, no probes)

Listening for:

Extent to which gyn is/is not mentioned and why, in general and specifically: pelvic exam, PAP, HPV, patient education/counsel about these.

Whether they know/ask if patients typically see a gynecologist and how that affects what is/is not covered in wellness exam.

[If gyn is included] How often Pap is included (e.g., annually, or less often for some women; all women or up to certain age)

Whether Pap, HPV are discussed – why/why not, with whom, etc.

Variation by practice type/patient population

2. Tell me about how you decide what aspects of gynecology to include, or discuss? For example... (will give one or two of the examples below but then listen for/probe a few others if not mentioned. Will move on after @10 minutes)

Whether a patient also sees a gynecologist [*will probe*: how do you determine that? Differences in exams/discussion with those who do/don't see gyn, etc.]

The patient's age or particular aspects of her history [*will probe*: as determined by what – e.g., health and family history form/updates, etc.]

Whether she's new to the practice or established patient who comes every year

Particular practice or clinical recommendations that guide what you do/how often, etc. [*may probe here, but more likely, in later sections*] .

3. [If more emphasis/detail is needed re what they discuss...] I've mentioned CDC's interest in what you discuss with patients during a routine visit. Let's summarize what, if anything, would typically be discussed about gynecologic issues in a routine wellness visit. (@5 minutes)

Listening for/will probe as time limit allows:

What HCPs bring up, with whom (all patients/all visits? Some, for particular reasons?)

4. How well-informed do your female patients seem to be about gynecologic health?

Are there particular questions -- or misinformation -- you hear often from patients?

Are things you wish they knew – or are surprised that they don't? [Which tells us something about the provider's knowledge and priorities.] (@5 minutes)

B. General HCP and patient knowledge of gyn cancer (@20 minutes)

1. I've just asked you about what patients know...but I'm also curious about knowledge gaps you may have noticed among physicians...since CDC plans to develop educational materials for physicians as well as patients...what areas would you recommend they concentrate on?

2. In your own practice, how often does the subject of gynecologic cancer come up in patient visits?

Which gynecologic cancers come up?

In what circumstances? (e.g., annual exam, or in visits for specific problems? With new patients? High risk patients? Variable for different cancers?)

Give me an example or two of a gyn cancer coming up.

Listening for, but minimal probes in any one group – can try to cover these probes across groups, but probably won't have time to cover in every group):

Which cancers come up?

What comes up -- a test? A symptom?

In what context?

Do patients bring it up or do the HCPs bring it up?

Do patients ask about it – because they have a symptom/risk factor?

A friend or family member who has it?

If HCP brings it up, why?

Whether patients ever ask about tests – in general, and specifically (Pap, HPV, transvaginal ultrasound, CA125, others) What do they ask? What seems to prompt these questions?

3. Let's talk about several specific things. [Will cover both what they *discuss* with patients as well as what they *do* re these topics – e.g., exam, tests, refer, etc.]

a. For example, the Pap test.

Do women ever ask what it is for and how often they need it?

What do you say? Is it something you talk about otherwise?

With some patients, but not others?

Listening for:

Whether they explain proactively what it's for or only when there are questions.

Whether they address which women it's recommended for/how often.

Differences between what HCPs who do pelvic exams and those who don't say.

b. How about the pelvic exam. Same kinds of questions.

Does anyone not perform a pelvic exam routinely? Why/why not?

How often do women ask questions about what it is for?

Do they ask if they really need it? Do you bring it up otherwise?

- c. **How about the HPV test. In what cases do you give a woman the HPV test?**

Listening for/will probe as time allows:

Which women (age group).

Women ask about it or request it?

How do you address that?

What if they don't ask. Do you bring it up?

Listening for:

whether they refer to bringing it up with women 30+ if abnormal

Pap. Whether they mention the HPV vaccine (but without probing).

- d. **What about the transvaginal ultrasound or CA125.**
Do you routinely do these tests? For which patients?
Do patients ask about these or request them?
[If yes...] **for what reason?**
If they ask, how do you respond? Not pregnant

Listening for:

whether they are explaining these – proactively or in response to questions; their philosophy about when to order, how they respond to women who “just want the tests”.

C. Response to symptoms (@15 minutes)

1. **Let's spend some time on symptoms for gynecologic cancers. Are there particular signs or symptoms that cause you to suspect a gynecologic cancer.**
[Will get specifics about what type(s) of cancer they associate with different symptoms.]

Listening for:

Whether they associate vague signs/symptoms with gyn cancer – e.g., back pain, persistent bloating.

2. **Walk me through some examples of symptoms or circumstances that would concern you – and what guides your decision on how to proceed – that is, how you decide if or when to order a particular test or tests, or to refer a woman to another physician.**

Listening for:

Woman's age, health history or risk factors, or other things that played a role.

[If not among examples HCPs have given...]

**How do you decide among different options – that is:
when to watch and wait...**

order tests...

refer to other MDs...Which ones?

Listening for: **gynecology oncologists**

Probe:

Are there any in the area?

When or for what would you refer a patient to them?

D. Patient information sources/materials (@10 minutes)

1. I've asked you a lot about what you discuss with patients. Tell me about the types of patient education tools and/or techniques you have found most effective. In general (any topic) and specifically, about gynecology and gyn cancers.
2. Are there any specific materials or teaching tools you *wish* you had?

Or, any caveats about what not to do – formats or messages that would not be optimal for your patients or the type of setting you're in?
3. CDC has some new patient educational materials about gyn cancers.
 - a. The name of the program is, "Inside Knowledge". Have you heard of it?
 - b. Are there other things you would like to see the campaign develop? Both for patients, and for providers?
4. Reflecting on everything we've talked about, what is most important for women to know about gynecologic cancer? (What info should CDC provide?)

E. Provider needs/preferences for information about gyn cancer (@5 minutes)

1. CDC is working on an informational slide set for health care providers about gynecologic cancer...it may be developed as a CME. Would this be useful to you? What should the focus be?
Should it be for CME or just a resource that can be viewed and downloaded from the CDC web site?
2. When you think about this topic, what are the most credible sources for information relevant to you and your practice?
3. How can CDC best reach physicians like you with information from the IK campaign?

III. CLOSING (@5 minutes)

Thank participants and provide departure instructions.

Total time: @90 minutes