

**Attachment 4**

**Assessing Problem Areas in Referrals for Chronic Hematologic Malignancies and  
Developing Interventions to Address Them**

**Community Hematologists and Oncologists Interview Guide  
(draft)**

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## **INTERVIEW GUIDE FOR COMMUNITY ONCOLOGISTS / HEMATOLOGISTS**

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### **Introduction:**

We are exploring patient and provider experiences with chronic hematologic malignancies such as chronic lymphocyte leukemia, multiple myeloma, chronic myelogenous leukemia (CML) and myelodysplastic syndrome. We are particularly interested in understanding whether or not there are problems with any processes of patient care or delays in diagnosis and treatment. We would very much like your perspective on this issue. We will try to understand from you some specific considerations related to hematologic malignancies such as what factors or scenarios lead a physician to recognize a patient with a malignancy, consult another physician, make a referral, and/or diagnose a chronic hematologic malignancy. We are hoping to understand from you whether and how these processes can be problematic.

1. To begin, I'd like to hear about your background as a hematologist.

### **Probes:**

Do you have a particular focus (training or certification) in your practice?

2. To get right to the issue of whether or not there are problems – Can you think of a patient or a situation in your experience or the experience of a colleague – where the diagnosis or care of a patient with a chronic hematologic malignancy was problematic.

### **Probes:**

What about with diagnosis?

Getting treatment? Referral? Consultation?

What were the specific problems?

3. Thinking over the past year, how often have you seen patients with a suspected chronic hematologic malignancy?

4. Thinking of the last referral you received of this type of patient (suspected chronic hematologic malignancy) were there any problems with the process of the referral?

5. What steps did you take when you saw a newly referred patient with a diagnosis of a chronic hematologic malignancy.

### **Probes:**

- What were your next steps
- Did you seek additional information? Where?
- Did you diagnosis the patient?
- Did you treat the patient?
- Did you consult another physician? Was this an informal or formal consultation?
- Did you refer the patient? If so, to whom did you refer the patient?
- What did you consider to make these decisions?

6. How do you think the experiences you just described are similar or different with common practice or with similar cases?

7. Under what circumstances might you refer a patient to another specialist? What factors might influence your decision to refer your patient to another specialist?

**Probes:**

- When is it appropriate for an expert to refer to another expert?
- Rare disease, acute leukemia, etc.?
- Is the threshold for referral different for hematologic versus other oncologic processes?

8. Overall, what are the most important factors that affect your decision to refer a patient to another specialist?

- Organizational practices?
- Guidelines?
- Internal system?
- Paperwork, staff, etc.?
- Insurance?
- Experience?
- Research resources; opportunities for clinical trials?

9. Thinking about the last referral you made regarding a chronic hematologic malignancy, what was your experience in making this referral?

**Probes:**

- Were there any problems? If so, why?
- Was it easy? If so, why?
- How do you follow-up with patients after you've referred them?

10. How common is it for patients you refer to come back to you for follow-up care?

- What typically influences whether this happens?

11. How satisfied are you with the resources you have that help you diagnosis and manage patients with chronic hematologic abnormalities?

12. What could be done...

- To make it easier for a primary care doctor to make a referral to a specialist like you?
- To make managing this type of patient go better?
- To make it easier for you to make a referral to another specialist?

13. Could you please describe your patients' demographics?

- Age, race/ethnicity, socio-economic status, any special needs, insurance cover, etc.