

ATTACHMENT F

SSLA— IN-DEPTH TELEPHONE INTERVIEWS WITH PROVIDERS

SOCIETAL STAKEHOLDER LEVEL OF ANALYSIS (SSLA)
INTERVIEW PROTOCOL FOR PROVIDERS

Description of the Protocol

The purpose of the in-depth stakeholder telephone interviews is to collect information on the three primary domains of interest—knowledge and skills, attitudes and beliefs, and behaviors and experiences—in an effort to understand what processes stakeholders use to engage in CER. The interviews will also follow up on issues raised in other data collection activities. We will collect this information from each *key* stakeholder group—those that are directly involved in CER decision-making or are CER users, including: (1) physicians, (2) consumers/patients, and (3) health care organizations. We will also collect this information from each *additional* stakeholder group—those that contribute to CER but are not directly involved in point-of-care decision making that use CER, including: (4) employer/payers, (5) researchers and (6) developers of innovation. This will allow us to examine differences in CER-relevant knowledge and skills, attitudes and opinions, and behaviors and experiences held by various stakeholder groups. We will use the data we collect from the telephone interviews to help answer SSLA evaluation questions as well as inform other levels of analysis. (Please see the stakeholder-specific section of the draft approach for more detail.)

The expectation is that we will conduct 8 to 10 interviews for each of the 6 stakeholder groups, for a total of up to 60 hour-long interviews.

For the provider interviews, we will primarily recruit primary care physicians, specialist physicians, nurse practitioners, and physician assistants, nurses and other clinicians.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

The total burden of this interview protocol is 10 hours.

I. GENERAL INTRODUCTION (<5 minutes)

We appreciate you taking the time to speak with us today. Before we begin, let me introduce myself and tell you a little bit about the work we are conducting for the Office of the Assistant Secretary for Planning and Evaluation (ASPE), which is part of the Department of Health and Human Services. My name is _____, and I work for an independent policy research firm called Mathematica Policy Research (Mathematica). *[If note taker, introduce him/her as well.]*

We are helping ASPE learn more about what people know and think about comparative effectiveness research, which is often called CER for simplicity. I will use this term, CER, during our discussion today as well. To do this, we are interviewing people from key stakeholder groups, including health care providers, to hear about your opinions and experiences with CER. We obtained your name from [insert name of sampling frame]. Your participation today is voluntary and our discussion is private. We will combine your answers with those of others to develop a broad overview of perspectives regarding comparative effectiveness research.

The results of our discussion will be synthesized in a final report and only general themes that emerge from our discussions will be reported. We will not attribute specific comments or quotes to named individuals without permission and your individual answers will be kept private to the extent permitted by law. Only the Mathematica evaluation team will have access to individually identifiable information.

We expect this discussion to take about an hour.

Before we begin, do you have any questions?

II. BACKGROUND QUESTIONS (5-10 minutes)

First, I wanted to ask you a few background questions about you and the organization you work for.

1. Can you confirm that your clinical specialty area is [xx]?
2. How long have you been in practice?
3. Please describe your practice setting.
 - *Where is your practice located?*
 - *Is it an academic setting; group setting; owned by hospital or solo practice?*
 - *If relevant to the provider (e.g., is not a hospitalist, solo practitioner) ask: How many other clinicians (e.g., physicians and nurse practitioners) are in your group?*
4. Please describe the type of patients you see. (e.g., % Medicaid/Medicare/private/uninsured; age range)
 - *How many patients do you typically see per week?*
5. How do you interact with colleagues about current medical evidence/knowledge that could influence clinical decisions?
 - *Do you participate in journal clubs, CME, online webinars, or other informal information exchanges, for example?*

III. GENERAL KNOWLEDGE ABOUT CER (10-15 minutes)

Now, I would like to discuss comparative effectiveness research (CER).

A. Awareness/Understanding of CER

1. [Awareness]: Have you heard of comparative effectiveness research (CER) or patient-centered outcomes research?
 - *If yes, could you describe it in your own words? (And give an example?)*

*[Give AHRQ Definition: **Comparative effectiveness research is a type of health care research that compares the results of one approach for managing a health problem to the results of other approaches.** Comparative effectiveness usually compares two or more types of treatment, such as different drugs, for the same disease. Comparative effectiveness also can compare types of surgery or other kinds of medical procedures and tests.]*
2. [Awareness]: Different people interpret definitions differently. What would you say the definition I read for CER means, in your own words?

3. [Awareness]: Please describe some recent examples of CER
4. [Awareness]: Do the terms “comparative effectiveness research” and “patient-centered outcomes research” mean the same thing to you or do they mean something different?
 - *If they are different, is one more positive or negative than the other? Why do you think that?*

B. Knowledge/Understanding of CER

[Knowledge] [Attitudes]: I would also like to ask you about some specific aspects of comparative effectiveness research and how important these are for improving health care.

1. How important is it that this kind of research responds to the information needs of patients, providers, and other decision makers? Why or why not?
2. How important is it that this kind of research examines effectiveness of interventions for different types of patients? For example:
 - **Probe:** Should it examine effectiveness for different age groups? Why or why not?
 - **Probe:** Should it examine effectiveness for different ethnicities and races? Why or why not?
3. How important is it that this kind of research examines a range of interventions? For example:
 - **Probe:** Should it examine medications? Why or why not?
 - **Probe:** Should it examine procedures like surgical procedures and screening tests? Why or why not?
 - **Probe:** Should it examine medical and assistive devices and technologies? Why or why not?
 - **Probe:** Should it examine behavioral change strategies such as strategies to help patients monitor their own conditions? Why or why not?
4. How important is it that this kind of research examines a range of health-related outcomes (for example, looking at clinical outcomes but also patient satisfaction outcomes)? Why or why not?
5. Could you please rank these four aspects of comparative effectiveness research by how important they are to you (1= most important, 4=least important)?

IV. KNOWLEDGE, ATTITUDES, BEHAVIORS REGARDING ELEMENTS OF COMPARATIVE EFFECTIVENESS RESEARCH (15 – 20 minutes)

A. Methods

1. [Awareness]: Are you familiar with any methods for conducting comparative effectiveness research?
 - *If yes, which ones? Any new ones?*
[Give one or two examples: An example of CER methods includes:
 - 1)
 - And
 - 2)]
 - *If no, provide examples: Examples of two different kinds of methods used for this type of research are randomized controlled trials and an analysis of existing data from electronic databases.*
2. [Attitude]: In helping you with your decisions about the care you provide, what kinds of study methods do you have confidence in?
 - **Probe:** What kinds of methods do you have the least confidence in?

B. Using CER in Clinical/Health Decision Making

I would also like to talk to you about your use of research evidence in considering treatment options.

1. [Self-efficacy]: On a scale of 1 to 10 (with 1 not at all confident and 10 being very confident), how confident are you about knowing where to look for evidence about the pros and cons of different treatment options?
2. [Self-efficacy]: On a scale of 1 to 10 (with 1 not at all confident and 10 being very confident), how confident are you with interpreting evidence about the pros and cons of different treatment options?
3. [Attitudes]: How do you think comparative effectiveness research would affect your ability to make the best clinical decisions?
 - **Probe:** Will it enhance your ability to provide care? Will it restrict your freedom to choose treatments for your patients?
4. [Behavior]: How often do you use information on comparative effectiveness when you are considering different diagnostic or treatment options for specific patients?
5. [Behavior]: How do you use comparative effectiveness research in your decisions about treatment options?

6. [Attitudes]: How ready are your patients to use information from this kind of research in their health care decisions?
7. [Behavior]: Do you use this kind of research in discussions with your patients about their health care options? If yes, please explain how you use it?

C. Tools for Using CER

1. [Awareness]: Are you familiar with any approaches or tools for assisting providers and patients in their use of comparative effectiveness research in clinical decision-making?

- If yes, which ones? Any new ones?

[Give one or two examples: An example of tools to help with decision-making includes:
1)
And
2)]
2. [Attitude]: What are your thoughts about approaches or tools for assisting providers and patients in their use of comparative effectiveness research in clinical decision-making?
3. [Self-Efficacy]: On a scale of 1 to 10 (with 1 not at all confident and 10 being very confident), how confident are you with using computer-based tools or other mechanisms that help you use comparative effectiveness research in clinical decision-making? An example of a tool could be a computer program or website that helps you decide on a treatment for a patient (like what kind of surgery would be appropriate for breast cancer).
4. [Behavior]: Do you use tools or resources to help you apply this kind of research in your clinical decisions? If yes, please describe what tools you use?
5. [Behavior]: Do you use tools or resources to help your patients apply this kind of research in their health care decisions? If yes, please describe what tools you use?

D. Seeking CER findings for use in decision-making

1. [Behavior]: How often do you look for information on the comparative effectiveness of alternative diagnostic or treatment approaches you are considering for specific patients?
 - 1a. What sources do you most often use for comparative effectiveness information?
 - **Probe:** for examples: medical journals, medical books and manuals, online sources such as those of medical societies?
2. [Behavior]: How do you learn about CER?
 - **Probe:** for examples: through continuing education courses; text books (print or online); original research publications in peer reviewed journals; review articles, clinical practice guidelines; meetings of professional societies; professional association reports; clinical manuals (print or online); journal clubs; discussions with colleagues about specific cases?

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3. [Behavior]: What type of CER information influences your clinical decisions

- **Probe:** for examples: large studies published in well-respected journals, guidelines from your medical society, physician references, guidelines for referrals?

V. GENERAL ATTITUDE TOWARD CER (5-10 minutes)

[Attitude]: Now that we have discussed the different elements and possible uses of comparative effectiveness research, I would like to ask you more generally about what you think of this type of research.

1. What are your thoughts on how this kind of research might affect health care in the US?
2. What are your thoughts on how greater provider use of this kind of research in making health care decisions might affect health care in the US?
3. What are your thoughts on how greater patient use of this kind of research in making health care decisions might affect health care in the US?
4. What are your thoughts on how greater use of this kind of research by health plans or other payers might affect health care in the US?

VI. WRAP UP (<5 minutes)

Are there any other thoughts about CER that you would like to add in the little time we have left?

(Check with note taker to see if anything was missed or if s/he has follow-up questions.)

Thanks for taking the time to speak with us. Your comments have been very helpful.