ATTACHMENT G

SSLA— IN-DEPTH TELEPHONE INTERVIEWS WITH HEALTH CARE ORGANIZATIONS

Form Approved
OMB No. 0990-
Exp. Date XX/XX/20XX

SOCIETAL STAKEHOLDER LEVEL OF ANALYSIS (SSLA) INTERVIEW PROTOCOL FOR HEALTH CARE ORGANIZATIONS

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 health care organization interviews, we will recruit from health care facilities that bill the Medicare program (acute care hospitals, long-term acute care hospitals (LTACHs), nursing homes) as well large physician practices of 20 or more physicians (both large single specialty groups and multispecialty groups). For the interviews we will primarily target Medical or Quality Directors at these organizations.

The total burden for this interview protocol is 60 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 organizations, 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 minutes)

First, I wanted to ask you some background questions about the organization you work for.

1. Can you please describe the organization you work for [add in from recruitment the name of organization]?

   - *Can you confirm the kind of health care services your organization provides [add in from recruitment]?*

   - *The types of health care providers in your organization include [add in from recruitment]?*

   - *The geographical area for which your organization provides care includes [add in from recruitment]?*

   - *We have that your organization serves [add in from recruitment the types of patient/beneficiaries the organization serves], can you confirm this?*

2. Can you tell me a little bit about your position as [*insert job title, e.g. medical director from recruitment information*]?

3. What kind of health care decision-making are you involved in with your work?

   - *What kind of information do you use for this decision making?*

4. How do you facilitate, if at all, your providers to use current medical evidence/information in their work (e.g., network selection; guidelines; reporting)?

   - *Are any of your providers actively participating in efforts to improve their use of current medical evidence/information in their decision-making?*

   - *If so, what types of activities (e.g., journal clubs)?*

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 Interviewee the 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 Dimensions

[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 and screening procedures? 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. Databases for Using CER

1. [Awareness]: Are you familiar with any large databases that can be used for conducting comparative effectiveness research?

   - *If yes*, which ones? *Any new or enhanced/expanded databases?*

   [Give one or two examples: An example of CER databases includes:

   1)

   And

   2)]

- *If no, provide examples: an example of CER databases include merging all payer claims or linking payer data with electronic health record information.*

B. Using CER for Clinical/Health Decision Making

I would also like to talk to you about your use of research evidence in the health care decisions you and your providers make about patients/beneficiaries.

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 medical services, as it relates to the health care decision you make?

2. [Self-Efficacy]: How confident are you with interpreting research evidence about the pros and cons of different treatment options?

3. [Attitudes]: How do you think CER would affect your providers' ability to make the best clinical decisions?

   - **Probe:** Will it enhance your providers' ability to provide care? Will it restrict their freedom to choose the best treatments for patients?

4. [Attitudes]: How ready are your patients to use CER in their clinical/health care decision-making?

5. [Behaviors]: Do you use information on the comparative effectiveness of alternative diagnostic or treatment approaches in decision-making for your organization?

   - If yes*: How do you use this type of research in your decision making? How often?*

6. [Behaviors]: Do you engage your providers and patients in using CER in clinical/health decision-making?

   - If yes: *How do you engage them?*

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. [Attitudes]: 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, how confident are you that your organization can use computer-based tools or other mechanisms can assist providers and patients in their use of comparative effectiveness research in clinical decision-making? An example of a tool could be a computer program or website that helps providers decide on a treatment for a patient (like what kind of surgery would be appropriate for breast cancer).

4. [Behaviors]: Do you use tools or resources to help your providers apply this kind of research in their clinical decision-making? If yes, please describe what type of tools you use.

5. [Behaviors]: 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. [Behaviors]: Do you look for information on the comparative effectiveness of alternative diagnostic or treatment approaches?

   - *If yes*

   1a. how often?

   1b. 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 provided by medical societies?*

2. [Behaviors]: 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?

3. [Behaviors]: 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 ATTITUDES TOWARD CER (10-15 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 CER might affect health care in the US?

2. What are your thoughts on how greater provider use of CER in clinical decision-making might affect health care in the US?

3. What are your thoughts on how greater patient use of CER in clinical decision-making might affect health care in the US?

4. What are your thoughts on how greater use of CER by health plans or other payers might affect health care in the US?

5. How will CER affect the way your organization makes decisions?

6. How should CER affect the way your organization makes decisions?

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.