

ATTACHMENT I

SSLA— IN-DEPTH TELEPHONE INTERVIEWS WITH EMPLOYERS AND

PAYERS

SOCIETAL STAKEHOLDER LEVEL OF ANALYSIS (SSLA) INTERVIEW PROTOCOL FOR EMPLOYERS AND PAYERS

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 employer interviews, we will recruit both large and small employers. For the payer interviews, our interview subjects will include both state government employee health insurance managers and private health insurance companies, including capitated group practices such as Kaiser Permanente or Group Health Cooperative.

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 employers, 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. Please describe the organization you work for.
 - *How long has your organization been in business?*
 - *How many employees?*
 - *Demographics of employees (e.g., age, race, particular illnesses or medical conditions you notice among employees or beneficiaries)?*
2. Please describe your position within the organization.
3. [Only for employers]: Does your organization offer health insurance to employees?
 - *If yes, what kinds of health insurance do you offer (e.g., employer self-funded plans, contracted health plans—HMO and PPO options)?*

III. 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 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 and/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 in Clinical/Health Decision Making

I would also like to talk to you about decisions you may make regarding health care coverage and treatment for your {employees (for employers) enrollees (for payers)}.

1. [Self-efficacy]: On a scale of 1 to 10, 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, how confident are you with interpreting evidence about the pros and cons of different treatment options?
3. [Attitudes]: How do you think CER would affect providers' and patients' ability to make the best clinical decisions?
 - **Probe:** Will it enhance providers' ability to provide care? Will it restrict providers' freedom to choose best treatments for patients?
4. [Attitudes]: How ready are your {employees (for employers) enrollees (for payers)} to use CER in their clinical/health decision-making?
5. [Behaviors]: Do you engage your {employees (for employers) enrollees (for payers)} in using CER in clinical/health decision-making?
 - If yes, how do you engage them?
6. [Behaviors]: Do you use information on the comparative effectiveness of alternative diagnostic or treatment approaches in decision-making for your organization?
 - If yes,
 - 6a. How often?
 - 6b. [only for payers]: How do you use this information to make decisions? *For example: to make coverage decisions, in designing enrollee copayments and deductibles, in provider payment policy, in practice guidelines, provider network selection, provider report cards, tools to help enrollees with informed decision-making? Making decision-making tools and resources available to providers?*
7. [Behaviors]: [Only for Employers] What information do you consider when deciding on what health insurance to offer?
 - **Probe:** Do you consider, for example: health plan price, covered services, provider network, health plan's strategy for using CER in its own decision-making, health plan's strategy for encouraging use of CER by providers or enrollees?
8. [Behaviors]: [Only for Employers] Do you expect health plans to use comparative effectiveness research to make decisions?
 - **If yes, probe:** How so? For examples: through coverage decisions, in designing enrollee copayments and deductibles, in provider payment policy, in practice guidelines, provider network selection, provider report cards, tools to help enrollees with informed decision-making, making decision-making tools and resources available to providers?
 - Are there other ways you expect health plans to use comparative effective research?
 - Does a health plan's use or non-use of such information factor into your decisions on which health plans to offer?

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 (with 1 not at all confident and 10 being very confident), **how confident are you that your organization can use computer-based tools** or other techniques to assist providers and patients in their use comparative effectiveness research in clinical decision-making? An example of a tool could be a computer program or website that helps a provider decide on a treatment for a patient (like what kind of surgery would be appropriate for breast cancer).
4. [Behaviors]: What tools or resources do you use to help your {employees (for employers) enrollees (for payers)} apply CER in clinical decision-making?

D. Seeking CER Findings for use in decision-making

1. [Behaviors]: As a payer/employer, how often do you look for information on the comparative effectiveness of alternative diagnostic or treatment approaches?
 - 1a. For what purpose do you seek the information regarding different diagnostic or treatment options?
 - **Probe:** To reduce treatment variation?; to deliver the best or evidence based treatment?; to promote quality of care?; to improve outcomes?
 - 1b. What sources do you most often use for comparative effectiveness information?
 - **Probe:** medical journals, medical books and manuals, online sources such as those of medical societies?
2. [Behaviors]: How do you learn about CER?
 - **Probe:** For examples: through continued education courses; text books (print or online); original research publications in peer review 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 decisions?
 - **Probe:** large studies published in well-respected journals; guidelines from a medical society; physician references; guidelines for referrals?

V. GENERAL ATTITUDES TOWARD CER (10-15 minutes)

Switching gears now, I would like to ask you some questions about your opinions regarding the use of comparative effectiveness 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?
 - **Probe:** How do you think it would affect costs?
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)

Is there anything you'd like to add?

(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.