

**Barriers to Meaningful Use in Medicaid  
Focus group participant screener—April 2011**

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX
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**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Hello, my name is (FILL IN THE BLANK) calling from (FG AGENCY). May I speak with (FILL IN THE BLANK)?

IF NOT AVAILABLE: LEAVE A MESSAGE TO RETURN YOUR CALL.

IF ASKED TO EXPLAIN YOUR CALL, OR IF YOU CONTACT SELECTED PROVIDER:  
Hello, my name is (FILL IN THE BLANK) calling from (FG AGENCY). May I speak with (FILL IN THE BLANK).

We have been asked by the U.S. Department of Health and Human Services to conduct a series of focus groups with a variety of health care professionals. The purpose of these focus groups is to understand any barriers you face in meeting criteria to receive Medicaid incentive payments for using electronic health record systems, or EHRs.

We are recruiting health care providers to participate in a single focus group. It will last no more than two hours. The results will help inform Federal policy regarding incentive payments for the adoption and use of EHR systems for providers who treat Medicaid patients. We are interested in health care providers who have not adopted EHR systems as much as we are interested in those who have.

Your name was selected from among a list of health care professionals in your state who treat Medicaid patients. Your participation is entirely voluntary and will not have any effect on your eligibility for Medicaid payments of any kind. Naturally, all your responses will be kept confidential to the extent permitted by law.

The focus group will be held [DATE] in [LOCATION/BY CONFERENCE CALL/BY WEB CONFERENCE]. The focus groups may include physicians, nurse practitioners, certified nurse midwives, physician assistants, and dentists in your area; or if you are a dentist, other dentists. We will include only one person per practice in any focus group. You will receive \$200 as a token of our appreciation.

IF SUBJECT SAYS S/HE DOES NOT USE EHR SYSTEMS: It is not essential that you currently use EHR systems in your place of work. We're also interested in hearing from non-users.

Public reporting burden for this collection of information is estimated to average 12 minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.
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I'd like to ask you a few questions to make sure we have a variety of health care professionals to represent the providers in your area. This should take only about 5–10 minutes.

1. May I ask a few questions to make sure I am speaking with the correct person?

- 1. YES (CONTINUE)
- 2. NO (SET CALL BACK TIME)
- 3. REFUSAL (THANK INDIVIDUAL FOR HER/HIS TIME AND NOTE AS A REFUSAL GO TO GOODBYE)

2. I need to verify what type of practice license you hold. Are you licensed as a:

- 1. Physician (GO TO 2a)
- 2. Dentist (GO TO 2b)
- 3. Nurse practitioner (GO TO 3)
- 4. Physician assistant (GO TO 3)
- 5. Certified nurse midwife (GO TO 3)
- 6. OTHER (**GO TO END 1**)
- 7. DON'T KNOW (**GO TO END 1**)
- 8. NO ANSWER (**GO TO END 1**)

2a. What is your medical specialty?

- 1. PEDIATRICS (GO TO 3)
- 2. FAMILY MEDICINE (GO TO 3)
- 3. INTERNAL MEDICINE (GO TO 3)
- 4. OBSTETRICS/GYNECOLOGY(GO TO 3)
- 5. OTHER SPECIALTY (**GO TO END 1**)
- 6. DON'T KNOW (**GO TO END 1**)
- 7. NO ANSWER (**GO TO END 1**)

2b. What is your dental specialty?

- 1. GENERAL DENTISTRY (GO TO 3)
- 2. PEDIATRIC DENTISTRY (GO TO 3)
- 3. OTHER, please specify\_\_\_\_\_ (**GO TO END 1**)

3. Are you currently licensed to practice medicine (dentistry, nursing, midwifery) in the State of (FILL IN THE BLANK)?

- 1. YES (GO TO 4)
- 2. NO (**GO TO END 1**)
- 3. LICENSE IS TEMPORARILY SUSPENDED (**GO TO END 1**)
- 4. LICENSURE IS PENDING (**GO TO END 1**)
- 5. DON'T KNOW (**GO TO END 1**)

6. NO ANSWER (**GO TO END 1**)

4. In order to qualify for Medicaid incentive payments to adopt and use EHR systems, 30% of your patient visits must be with Medicaid patients. Or, if you are a pediatrician at least 20% of your visits must be with Medicaid patients. If you work in a Community Health Center or Rural Health Center those percentages could include Medicaid, or uninsured patients.

Based on your patient mix, do you think you might qualify for this incentive program?

1. YES (GO TO 5)  
 2. NO (**GO TO END 1**)  
 3. UNSURE (GO TO 4a)  
 4. DON'T KNOW (GO TO 4a)  
 5. NO ANSWER (**GO TO END 1**)

- 4a. Do you think the percentage of Medicaid patients you serve might increase in the next 1 to 3 years so that you might be eligible for this EHR incentive program in the future?

1. YES (GO TO 5)  
 2. NO (**GO TO END 1**)  
 3. DON'T KNOW (**GO TO END 1**)  
 4. NO ANSWER (**GO TO END 1**)

5. We're interested in talking with health care professionals who have not adopted an EHR system. We also are talking with health care providers who are regularly using electronic health records (EHRs) in their out-patient practice. When I speak of an EHR system, I am not referring to computerized scheduling, billing, claims processing, or other types of practice management systems. Rather, I am referring to electronic record systems used in clinical care, for things like patient demographics, electronic prescriptions, recording patient histories, and recording your care for your patients.

I'd like to read a short list of ways that might describe where your practice is. Please tell me which best describes the use of EHRs in your practice.

1. You do not have plans to purchase an EHR system in the next 12 months. (**GO TO INVITE 1 OR END 2**)  
 2. You plan to purchase an EHR system sometime in the next 12 months. (**GO TO INVITE 1 OR END 2**)  
 3. You now have an EHR system. (**GO TO 6 OR END 2**)

6. Please tell me which best describes YOUR use of EHRs in your practice.
- 1. You recently purchased an EHR system, but are not yet using it. **(GO TO END 2)**
  - 2. In general, you use your EHR system on a regular basis. **(GO TO INVITE 2 OR INVITE 3)**
  - 3. DON'T KNOW **(GO TO END 2)**
  - 4. NO ANSWER **(GO TO END 2)**
  - 5. REFUSE **(GO TO END 2)**

**\*\*\*\*\*End of Participant Screener—determine INVITE 1, INVITE 2 OR END 2 based on responses given and participants already recruited\*\*\*\*\***

**INVITE 1:** We would like to invite you to participate in a group discussion with other health care professionals who have not adopted an EHR system, or are still in the process of buying one. The focus group will be via conference call. The purpose is to understand better why some practices will not be adopting an EHR (OR why they have not yet adopted). This research is sponsored by Agency for Healthcare Research and Quality (AHRQ), an agency within the U.S. Department of Health and Human Services. This group discussion is strictly for research purposes. The discussions will be audio recorded so that we can accurately report the contents of the discussion. No one other than the research staff will see or hear the tapes. It will last about 2 hours. As a token of our appreciation, you will receive a gift of \$200. **[GO TO QUESTION 7]**

**INVITE 2:** We would like to invite you to participate in an in-person group discussion about the barriers you may have faced in adopting your EHR and putting it to full use. In particular we are interested in learning more about obstacles you may have faced meeting criteria to receive Medicaid incentive payments for using your EHRs. This research is sponsored by Agency for Healthcare Research and Quality (AHRQ), an agency within the U.S. Department of Health and Human Services. This group discussion is strictly for research purposes. The discussions will be recorded (both audio and video) so that we can accurately report the contents of the discussion. No one other than the research staff will see or hear the tapes. It will last no more than 2 hours, and refreshments will be served. As a token of our appreciation, you will receive a gift of \$200. **[GO TO QUESTION 7]**

**INVITE 3:** We would like to invite you to participate in group discussion about the barriers you may have faced in adopting your EHR and putting it to full use. In particular we are interested in learning more about obstacles you may face in meeting criteria to receive Medicaid incentive payments for using your EHRs. This group discussion will be held in a conference call with three or four other health care professionals. This research is sponsored by Agency for Healthcare Research and Quality (AHRQ), an agency within the U.S. Department of Health and Human Services. This group discussion is strictly for research purposes. The discussions will be audio recorded so that we can accurately report the contents of the discussion. No one other than the research staff will see or hear

the tapes. It will last no more than 2 hours. As a token of our appreciation, you will receive a gift of \$200. **[GO TO QUESTION 7]**

7. The discussion will be held on {DAY}, {DATE} at {TIME} in {LOCATION, OR BY TELECONFERENCE/WEB CONFERENCE}. Would you be interested in participating?
- YES (CONTINUE)
  - NO (THANK SUBJECT AND GO TO GOODBYE)
  - DON'T KNOW / MAYBE (ASK IF S/HE HAS ANY QUESTIONS, ANSWER THEM, SET CALL BACK TIME TO FOLLOW-UP AND GO TO END)
  - NO ANSWER (THANK SUBJECT AND GO TO GOODBYE)

IF THIS SUBJECT WILL BE RECRUITED FOR AN INTERVIEW OR FOCUS GROUP, ASK ITEMS 8–12.

8. Great! Now in order for us to analyze the information we collect at the focus group, I'd like to ask you a few questions. These will help us describe your current familiarity with EHR systems and know a little about your practice situation. This information will be needed in our analysis. This should take only a minute. Can I get your verbal consent to ask you these questions to help us analyze the information we collect in the focus group?
- YES (CONTINUE)
  - NO (THANK RESPONDENT FOR HER/HIS TIME, ASK IF YOU CAN PUT THESE QUESTIONS TO AN OFFICE ASSISTANT AND GO TO 11 TO COLLECT CONTACT INFORMATION)
  - CALL LATER (SET A CALL BACK TIME)
9. In total, how many (physicians/dentists) serve patients at your primary office location?
- NONE
  - ONE (SOLO PRACTICE)
  - 2–3
  - 4–9
  - 10 OR MORE
  - DON'T KNOW
  - REFUSE
10. Is your location where you serve most of your outpatient visits a single specialty or multi-specialty practice?
- SINGLE SPECIALTY
  - MULTI SPECIALTY

- DON'T KNOW
- REFUSE

11. Can you confirm the spelling of your first and last name for future communications?

ENTER NAME HERE:

\_\_\_\_\_

12. Please give me a mailing address and telephone number where you can be reached so we can send you a confirmation letter and some information regarding the focus group.

IF IN PERSON: This will include the address and directions to the focus group meeting.

IF VIRTUAL: This will include information that will allow you to dial into a secure telephone conference line for this focus group session.

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

Thank you. The discussion group will be held on {DAY}, {DATE}, at {TIME}, at {LOCATION}/ by teleconference/web-conference. We will send you a reminder notice and directions/a phone number in the mail and by email.

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**END:** Thank you for your time. We look forward to your participation in the focus group. If you have any questions in the interim, please contact Sean Hogan at RTI International. He can be reached at 800-334-8571 extension 2-5265.

**END 1:** I'm sorry but I must have been misinformed about your (SPECIALTY / NUMBER OF MEDICAID PATIENTS). Thank you, but at this time, we are looking for focus group participants with different characteristics than you. Thank you for talking with me. Good bye.

**END 2:** Right now we have received a positive response from health care professionals who are similar to you in terms of specialty and the type of care they provide. So, we will probably need to ask someone else, so that we have enough variation to inform our research. I would like to keep your name on hand in case it turns out that we need someone with your background. Would it be OK for us to call if it turns out that we have a vacancy down the road?

- YES (SAY: Thank you. We will call only if we find a vacancy for someone with your background.)
- NO
- MAYBE

**GOODBYE:** Thank you. Good bye.