

VHA Telephone Transformation Initiative Focus Groups Protocol

Objective

To understand system-level logistics and feasibility, and Veterans' preferences in order to provide accurate, timely, consistent care by telephone.

Methods

Primary data collection using focus groups with Veterans.

Focus groups

Focus groups represent a form of group interview that produce large amounts of data in a low cost and timely manner (Morgan, 1997; Krueger & Casey, 2000). We propose to conduct a series of separate, in-person, audio-recorded focus groups with Veteran users of VA health care.

Veteran participants: Veterans from Veteran Service Organization who are in attendance at upcoming meetings (Vietnam Veterans of America, Reno Nevada 08/2011; VFW National convention San Antonio Texas 09/2011) will be recruited for the focus groups. In addition, we will conduct focus groups with Veterans at select VA facilities in VISNs (1, 5, 6, 12, 18, 20 & 21) that have volunteered as pilot sites for the Telephone Call Center Initiative. We will work with VA facility leadership to coordinate conducting the focus groups and recruiting Veteran volunteers to participate.

Each participating facility will be asked to identify Veterans from their facility who could potentially participate in a focus group held at their facility. Veterans will be recruited from a variety of settings, e.g., outpatient, primary care, specialty services, such as spinal cord injury). Although this manner of recruitment is best characterized as convenience sampling, we will encourage each of the participating facilities to tell as wide a range of patients as possible about the opportunity to participate in a focus group session.

Focus group procedures: It is widely acknowledged that for a focus group to be successful, the group must at once be small enough so that participants are comfortable talking and large enough to capture differences in opinion. Additionally, the participants that comprise a given group ideally will share some of the same characteristics relevant to a study topic but also will possess other unique characteristics. In our focus groups, all patient participants will be Veteran users of VA health care, but will have different health care communication preferences and different telephone experiences at their VA facility.

Beyond promoting constructive interaction and discussion during the focus groups, any common patterns that emerge from the varied samples Veterans that we propose to construct are likely to represent shared experiences and central themes associated with telephone use experiences and preferences (Patton 1990). As such, we also believe that our recruitment strategies will strengthen our analysis and findings.

To ensure timely completion of the supplement, we plan to conduct 7 (+/- 2) patient focus groups, one per VSO meeting or selected VA facility; with each focus group comprised of about 4-8 participants. Based on prior experience, we believe that

this will be sufficient to reach theoretical saturation, the point at which little to no new information is being uncovered during group discussion (Krueger 2000).

Each focus group will be about 60min in duration and will be audio-taped. A Focus Group Discussion guide that includes open-ended, probe, and follow-up questions will be used to conduct focus groups. Participants will be asked to share their thoughts and perceptions about their telephone experiences and interactions with VA facilities. Participants will also be asked about their preferences for where the telephone call is placed (central/local) and with whom they prefer speaking to (primary provider regardless of timing vs. someone else but immediate response).

Analytic procedures: Audio-recordings of the focus groups will be transcribed verbatim by a research assistant. As is common and desirable in qualitative work, we will begin our analytic process shortly after the first focus group is conducted. A software program designed to support layered qualitative analysis and concept building, such as NVivo, may be used to support this process.

Analysis will follow a grounded-theory approach, the essence of which involves constructing and deriving concepts from data and comparing them with other data to facilitate meaningful categorization (Strauss 1998). Drs. LaVela and Locatelli, trained qualitative researchers, will serve as primary coders for the dataset. They will first review several transcripts independently to identify prominent themes and will then meet to compare and assess overlap among their respective findings. The outcome will be a set of basic analytic categories which will serve as the foundation for further rounds of analysis. With the categorical system established, they will return to the dataset and begin the process of comprehensive coding. The conceptual expertise of the Systems Redesign leadership will be brought to bear at several key points during this work (content expertise to aid in the construction of the baseline categorical system). At various points in the coding process, the team will assess progress, refine the categorical framework as needed, and discuss particular interpretations. This collaborative, team-based approach to analysis will strengthen both the credibility of our findings and our conceptual insights.

References

Krueger, R. A., & Casey, M. A. (2000). Focus groups: A practical guide for applied research (3rd ed.). Thousand Oaks: Sage.

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Strauss A, Corbin JM. (1998) Basics of qualitative research: Techniques and procedures for developing grounded theory. 2nd ed. Thousand Oaks, CA: Sage Publications.