

**VISN04 PACT Demo Lab**

**“Telehealth in the PADRECC:
The Key to the Patient Centered Medical Home?”**

**Veteran Focus Group Discussion Guide**

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**This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995.** Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information, unless it displays a valid OMB number. The data collected by this survey is part of a clinical innovation project designed to assess the use of telehealth/telemedicine technologies in the care of veterans with Parkinson’s Disease and the role of the Parkinson’s Disease Research, Education & Clinical Center (PADRECC) clinician in the PACT model. We anticipate that the time expended by all individuals who complete this survey will average 90 minutes per visit (estimated to be 2 - 4 within a 12-month period). This includes the time it will take to read instructions, gather the necessary facts, and fill out the form. The results of this survey will be used to determine whether or not the use of telehealth
is (a) feasible and (b) associated with cost savings and equal clinical outcomes for patients, thereby improving the quality of service delivery by helping to shape the direction and focus of specific programs or services. Completion of this form is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

**Privacy Act Statement**

• Authority: The information requested in this survey is authorized by 38 USC, Part I, Chapter 5, Section 527 that authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs Programs.

• Purpose: The purpose(s) for collecting the information is to provide data regarding the use of telehealth/telemedicine technologies in the care of veterans with Parkinson’s Disease and the role of the Parkinson’s Disease Research, Education & Clinical Center (PADRECC) clinician in the PACT model. This information will be used to better understand program effectiveness and design future program enhancements.

• Routine Uses: The information you provide will be used by the Department of Veterans Affairs to improve the quality of service delivery related to the care and treatment of veterans experiencing
chronic pain.

• Disclosure: Completing this survey is voluntary. There are no penalties or loss of benefits or privileges if you decide NOT to complete this survey.

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***OPENING/ICEBREAKER***

Thank you for coming today. We asked you to take part in this group discussion so that we could learn from you about your experiences taking part in the Parkinson’s Disease telehealth study. As a person with Parkinson’s Disease who participated in one of the telehealth intervention groups, you are an expert in what it is like to use telehealth as part of your health care. We are especially interested in your thoughts and views on what it is like to (use in-home videoconferencing equipment to communicate with your health care provider/take part in a videoconferencing appointment at one of the VA’s Community Based Outpatient Clinics). We’d like to know what it was like to use this equipment, take part in health care appointments using telehealth equipment, what you liked most about the process, and what you liked least about the process—so that we can evaluate the program from the perspectives of people who participated in it. We are interested in your honest thoughts and opinions; there are no ‘right’ or ‘wrong’ answers.

Remember we’ve given you all color badges to wear in order to protect everyone’s privacy. When you speak, please identify yourself by color, and if you want to respond to someone else, identify them by their color. We also want to remind you that everything we say here today is meant to be kept private, so we ask that you please do not discuss anything said here today with anyone else once we leave here.

I’d like us to just take a minute to get comfortable and introduce ourselves before we get started, so I’d like to go around the room and ask everyone to say a few words about yourselves. Can you please just tell us what branch of military service you served in and whether there is anyone in your life—a family member or friend—who participates in care of your Parkinson’s Disease (for example, helping you with activities of daily living, going to doctor’s appointments with you)?

*(Go around room)*

Thank you.

**Topic area: Access to health care for Parkinson’s Disease before Telehealth Intervention**

I’d like to hear a little about your experiences with care for your Parkinson’s Disease before you started taking part in the Telehealth Intervention study.

1. Where did you typically go for your health care appointments for your Parkinson’s?
	1. Probes: Did you go to the VA Medical Center or a CBOC? How often did you go in for in-person appointments related to your Parkinson’s? How did you typically get to those appointments? (e.g., By yourself? With a family member or friend? By car or public transportation, etc?)

1. What were the biggest challenges you experienced with getting to those in-person appointments? What were the biggest positives about those in-person appointments?
2. If someone else (a family member or friend) typically accompanied you on those in-person appointments, what do you think they would say were the biggest challenges of getting to those appointments? What would they say were the biggest positives of going to those in-person appointments?

**Topic area: Overall experience with Telehealth for Parkinson’s care**

Now I’d like to hear from you about your overall experience with using telehealth as part of your health care for your Parkinson’s Disease.

1. Can you describe a typical telehealth appointment for your Parkinson’s care?
	1. Did anyone else (family/friend) take part in those appointments with you?
2. What was it like for you to have visits with your health care provider using telehealth (in-home videoconferencing equipment/videoconferencing equipment at a CBOC)?
	1. *Probes*: What were the positives? What were the negatives?
	2. What do you think your family/friend would say were the biggest positives and negatives about taking part in the telehealth appointments?

**Topic Area: Views on Telehealth technology**

I’d like to hear from you what you thought about the videoconferencing technology you used during participation in the intervention study.

1. What is it like to use the videoconferencing technology?
	1. Probes: How difficult or easy is the technology to use?
	2. How does it feel to interact with a health care provider using this technology?
	3. What were the biggest challenges to using the videoconferencing equipment? What were the biggest positives about using the technology?

**Topic Area: Impact of Telehealth and comparison to in-person appointments**

Now I’d like to hear from you about the impact of the telehealth intervention on your life and your Parkinson’s Disease-related health care.

1. What changed as a result of using Telehealth visits for your Parkinson’s Disease-related health care?
	1. What changed for the better? What changed for the worse?
2. How did the telehealth appointments compare to in-person appointments for your Parkinson’s?
	1. What, if anything, is better about a telehealth appointment compared to an in-person appointment? What, if anything, is better about an in-person appointment compared to a telehealth appointment?
	2. If you had to choose between a telehealth appointment or an in-person appointment for your Parkinson’s care, which would you choose?
	3. For what kinds of appointments or in what circumstances would you prefer a Telehealth appointment to an in-person appointment?
	4. For what kinds of appointments or in what circumstances would you prefer an in-person appointment to a Telehealth appointment?
3. What impact, if any, did participating in telehealth appointments have on your family member/friend who takes part in your Parkinson’s care?
4. What impact, if any, did participation in telehealth appointments have on your relationship with your health care providers?

**Topic Area: Future Directions and Wrap-up**

Finally, I’d like to hear what you think about using telehealth technology as part of your Parkinson’s care in the future.

1. How likely would you be to use a telehealth option as part of your care for Parkinson’s Disease in the future?
	1. What would make it hard for you to continue using telehealth for your care? What would make it easier for you to continue using telehealth for your care?
2. What suggestions would you make to improve the use of telehealth technology for Parkinson’s care?
3. What is the most important thing you would want others to know about the experience of participating in the telehealth intervention?
4. Is there anything else we haven’t talked about that you would like to add?

***We are so grateful for your willingness to share your knowledge and experiences with us today. Please feel free to contact the study investigators (listed on your consent form, or I can give you contact information today) if you have any questions about the discussion we had today or any comments you would like to add.***

***Thank you again for all your help.***