

Consumer or Patient Focus Group Respondent Materials

Informed Consent Form

As part of a research study for the Agency for Healthcare Research and Quality (AHRQ), IMPAQ International Inc. is conducting focus groups on [insert date of focus group] to obtain opinions, experiences, and perceptions on Patient Centered Outcomes Research.

Before you participate in this discussion, we would like you to understand your rights in the process and how what you share will be used. Please review the conditions listed below.

- Your participation is totally voluntary.
- Participation poses minimal risks to you. If you feel uncomfortable expressing your opinions and ideas you can choose not to answer any questions you do not want to answer. If you would like more information or would like to talk to someone about the topics, please let the moderator know.
- Your name will not be used in any reports. We will be taking notes during the discussions about what was said and report aggregate responses and opinions. Summary information will be shared with the AHRQ.
- You may discontinue participation at any time, either by leaving or not answering a question, without penalty or loss of benefits.
- Any questions you have about this study will be answered before we begin the focus group. Contact information is provided below for any questions that arise after your participation.
- The focus group session will last between 1.5 and 2 hours.
- The entire session will be audio taped for report writing and analysis purposes only. Tapes will not be released outside the team responsible for the evaluation.
- You will receive a monetary stipend to compensate you for your time.

Contact information: If you have any questions or concerns about your participation or have any questions about the study, please contact Camellia Bollino at 443.718.4356.

By signing this document you understand the above and agree to participate in this group.

Print your Name: _____ Date _____

Sign your Name: _____ Witness: _____

Attachment L

Consumer or Patient Focus Group Respondent Materials

Confirmation Letter

<Insert Date>

Dear <Insert Name>

Thank you for agreeing to participate in our telephone/webinar focus group discussion on <insert date and time>. The purpose of this focus group is gather feedback from you and others regarding your experiences and awareness with Patient Centered Outcomes Research.

The web link is: <insert address>. The toll-free call in number for the focus group is: <insert number> and once prompted, you will be asked to enter an access code. That code is <insert code>. As a thank you for participating in the focus group, we will mail you check for \$75.

In preparation for the group, I have included an Informed Consent form that you need to read, sign, and mail or email to me at <insert email and address> by <insert date>. A self-addressed stamped envelope is included for your convenience.

If you have any questions, please call Camellia Bollino at 443.718.4356. An IMPAQ team member will call you the day before the focus group to remind you that the focus group will be held the following day and confirm that we have received your signed informed consent.

Thank you for your time and participation.

Camie Bollino
IMPAQ International, LLC

Attachment L

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Focus Group Reminder Phone Script

[To be used no more than 24 hours prior to the scheduled focus group. If participant is not available, leave voice mail message and try back later.]

Hello, may I speak to <insert name>? Hi, my name is <insert name> and I work for IMPAQ International. I'm calling to remind you about the focus group you agreed to participate in tomorrow at <insert time>. Are you still able to participate? Great! <Thank you for sending me your informed consent.> OR <In order to participate in the focus group, I need a signed informed consent>. You can fax it to my attention at XXX-XXX-XXXX .

The web link is: <insert address>. The toll-free call in number for the focus group is: <insert number> and once prompted, you will be asked to enter an access code. That code is <insert code>.

If for some reason you can't attend the session, or if you have any questions, please let me know. You can reach me at <insert number>.

We look forward to talking to you tomorrow.

Attachment L

Consumer or Patient Focus Group Respondent Materials

Participant Thank You Letter

Dear [Participant Name],

Thank you for participating in the Agency for Healthcare Research and Quality's (AHRQ) Patient Centered Outcomes Research focus group. We valued your time, and the information you shared will enhance our research.

Your input will help AHRQ improve its methods for communicating information to help expand the quality, safety, efficiency, and effectiveness of health care.

We appreciate your ongoing support of the Effective Health Care Program. You should be receiving your incentive in a few days.

Many thanks,

[Contact Person]