

**Attachment G
Clinician Focus Group Respondent Materials**

Confirmation Letter

[Battelle Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

Thank you for agreeing to participate in a telephone discussion group about the use of health care information resources to make clinical treatment decisions. Your thoughts and experiences as a health care provider are crucial to this study sponsored by the Agency for Healthcare Quality and Research (AHRQ).

You are scheduled to participate on APPOINTMENT DATE/TIME.

According to our records, you asked us to telephone you at the following number for the discussion group:

Your telephone number: BEST_NUMBER_FOR_CONTACT

Please make sure this is the correct number for us to contact you for your scheduled focus group date and time. If possible, we ask that you use a **landline** for the discussion group to minimize background noise and distractions. If this number is incorrect or you have a better number for us to reach you, please call our toll free number NUMBER to let us know. You can also e-mail me at: E-MAIL ADDRESS.

To thank you for your time, we will send you \$150 following the discussion.

We will call you a few days before the telephone group discussion to answer any questions you may have and to confirm your participation. We will also confirm your address in order to send the honorarium. Your participation is extremely important to AHRQ. Should less than four physicians participate in the call, the group discussion will need to be rescheduled. **If for any reason you will be unable to participate as scheduled, please contact me at NUMBER** so that we may reschedule you or schedule an alternate.

Sincerely,

[signature block]

NAME

Discussion Group Coordinator

Attachment G
Clinician Focus Group Respondent Materials

Informed Consent

The Agency for Healthcare Research and Quality (AHRQ) is sponsoring a series of discussion groups to learn about how clinicians use health care information resources to make treatment decisions for their patients. AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. Findings from these discussion groups will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

You have been invited to participate in one of these discussions groups because you recently completed a survey conducted on behalf of AHRQ. As part of that survey, you indicated that you would be willing to participate in one of the discussion groups. Your participation in a discussion group is entirely voluntary. You will receive \$150 for participating.

These discussion groups will be conducted over the telephone in a conference call format with approximately six to nine health care providers participating in each group. Each group discussion will take approximately 60 minutes. Up to 50 physicians will participate across all of the groups.

Risks associated with your participation are minimal, but may involve a loss of confidentiality should you know anyone participating. We make every effort to ensure the confidentiality of discussion group participants. During the discussion group, you will be given the option of introducing yourself by first name only or by a name other than your own. Any information you would provide will not be associated with your name, and all data will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). Battelle staff who are leading the discussion groups will not reveal the names or other identifying information of participants to anyone, including AHRQ staff. The sessions will be audio recorded; names and other identifying information will not be included in any transcriptions or reports. The telephone focus groups will include several listeners, including members of the research team from AHRQ and Battelle, who will not participate in the discussion. Battelle will permanently erase all tapes upon completion of the analysis. You have the right to refuse to answer any of the questions asked in your group discussion. You have the right to stop participating at any time, and you will not benefit personally by participating. We will review this information at the start of the discussion group and you will have a chance to ask questions.

If you have any questions about this study, please contact NAME, at TELEPHONENUMBER. If you have any questions about your rights as a study participant, please call Dr. Margaret Pennybacker, chair of Battelle's Institutional Review Board, toll free at TELEPHONENUMBER.

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Clinician Focus Group Respondent Materials

Non Selection Letter

[Battelle Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

Thank you for volunteering to participate in a discussion group about the use of health care information resources to make clinical treatment decisions. We had a very strong response from those we contacted and the session has been filled. Thus, we are unable to include you in the study.

Thank you very much for your interest in helping with this study. Should you have any questions about the study, please contact me at TOLLFREENUMBER.

Sincerely,

[signature block]

NAME

Discussion Group Coordinator

Attachment G
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Return Fax Cover Sheet

[Battelle Logo]

Date:

Fax Cover

To: NAME

From: NAME

Fax No.: Number

Fax No.:

Phone No.: Number

Phone No.:

Company: Battelle

Total Pages: 2 (including Lead Sheet)

Comments: See completed Discussion Group Sign-up Form attached for AHRQ study.

Attachment G
Clinician Focus Group Respondent Materials

Thank You Letter

[Battelle Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

Thank you for participating in a telephone discussion group about the use of health care information resources to make clinical treatment decisions, sponsored by the Agency for Healthcare Quality and Research (AHRQ). Your personal and professional opinions and experiences were very helpful to this study. In appreciation for your time, we have enclosed \$150.

If you have any questions, please contact me at TOLLFREENUMBER. Again, thank you very much for your participation in this study.

Sincerely,

[signature block]

NAME

Discussion Group Coordinator

**Attachment G
Clinician Focus Group Respondent Materials**

Non Section/On-Hold Letter

[Battelle Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

Thank you for volunteering to participate in a discussion group about the use of health care information resources to make clinical treatment decisions. We had a very strong response from those we contacted and the session has been filled. Thus, we are unable to schedule you for the session you selected.

We would like to keep your name as an alternate participant for the [SCHEDULED GROUP DATE/TIME] session, since we may have a cancellation. If we do have someone cancel, we will contact you to see whether you can participate. We will try to give you as much notice as possible.

Thank you very much for your interest in helping with this important study. Should you have any questions about the study, please contact me at TOLLFREENUMBER. Thank you very much for your interest in helping with this study.

Sincerely,

[signature block]

NAME

Discussion Group Coordinator

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Discussion Group Sign In Form

Please indicate whether you are interested in participating in a telephone discussion group!

I am available to participate in the discussion(s) scheduled for (**Please ✓ all dates you can participate, and CIRCLE preferred date**):

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> DATE, TIME | <input type="checkbox"/> DATE, TIME |
| <input type="checkbox"/> DATE, TIME | <input type="checkbox"/> DATE, TIME |
| <input type="checkbox"/> DATE, TIME | <input type="checkbox"/> DATE, TIME |
| <input type="checkbox"/> DATE, TIME | <input type="checkbox"/> DATE, TIME |

- I am interested, but none of the offered times fit my schedule.
- I am **not** interested in participating; please do not contact me again.

If you are interested in participating, please provide contact information so we can follow up.

Please provide the **best** telephone number to reach you during the Discussion Group times:

Your telephone number: (_____) _____

If the following information is **incorrect**, please provide the correct information.

CORRECT INFORMATION

FIRSTNAME LASTNAME
ADDRESS1
ADDRESS2
CITY, STATE ZIP

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____

How do you prefer to be contacted for follow-up confirmations or questions? (*Check as many as apply*)

- Mail
- Fax (_____) _____ -- _____
- Phone (_____) _____ -- _____ (if different from above)
- E-mail _____ (an e-mail address that you check daily)

Please return this form by:

- 1) Mail: Use postage paid envelope
- OR 2) Fax to: Use return fax coversheet to send it to FAX NUMBER

Please call or e-mail NAME, Discussion Group Coordinator, if you have any questions

NAME TOLLFREENUMBER
EMAILADDRESS

Invitation Letter

[Use AHRQ Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

We are contacting you because you participated in a survey in [MONTH] of [YEAR] that was conducted by the Battelle Memorial Institute (Battelle) on behalf of the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The survey examined how clinicians use health care information resources to make treatment decisions for their patients. As part of that survey, you indicated that you would be willing to participate in a telephone discussion group on this topic.

We would like to invite you to participate in an upcoming telephone discussion group conducted by Battelle. The purpose of the discussion group is to hear your thoughts about specific health care information resources designed to support medical decision-making and to get your insights on interesting findings from the previous survey. The results of these discussions will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making. As a health care provider, your participation and opinions are valuable for making this study valid, significant, and influential.

The discussion will take one hour and will include about six to nine other health care providers. A professional group moderator will convene this discussion via a teleconference call by connecting participants from their home or office telephones. We realize that your time is extremely valuable, and you will receive \$150 in appreciation of your time and effort given to the study.

Every effort will be made to protect your privacy and maintain confidentiality during the call. Only first names will be used during the group discussion, and we will not ask you to provide any other identifying information. Your name will not appear in any transcripts of the discussions, reports, or publications. Battelle will use your contact information only for the purpose of conducting these group discussions and will never share it with anyone else. Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). At the end of the study, all contact information and audio recordings will be destroyed.

The discussions will take place between DATE and DATE, YEAR. If you are interested in participating, please complete the form and indicate when you are available.

We will then send you confirmation for **one** of the groups. The enclosed sign-up form must be received no later than DATE. You may return the form to Battelle in the enclosed postage-paid envelope or fax it to the number listed on the form.

We hope you will help us with this important study. If you have any logistical questions, please call NAME, discussion group coordinator at Battelle at TOLLFREENUMBER. If you have questions about the purpose of this study, please contact Randie Siegel, DEGREE, of AHRQ at PHONE.

Sincerely yours,

AHRQ Signature block

Reminder Call Script

If call is answered by a person:

Hello, this is _____ with Battelle Memorial Institute. May I please speak with Dr. _____ ?

If call is answered by the scheduled participant:

Hello, Dr. _____. I am calling to remind you of the appointment we scheduled for a telephone discussion group on DATE at TIME. This discussion group is sponsored by the Agency for Healthcare Research and Quality, and in it we will talk about the use of health care information resources for health-care decision making. The discussion group will last one hour.

Are you still available at this time for the discussion group?

If Yes: Wonderful! [proceed with script]

If No: Would you be interested in participating in another discussion group at a different time?

If Yes, try to reschedule for an upcoming scheduled group.

If No: Okay. Thank you for your time. Have a good day.

Previously, you indicated that this telephone number was the best one to call for the discussion group. Is this still the best number to call?

If No: What number would be best to call at that time?

Record number: (_____) _____

If Yes: Thank you. [proceed with script]

The conference call service provider will call this number a few minutes prior to the scheduled appointment to connect all of the participants, and the discussion group will start on time.

Do you have any questions about the discussion groups?

If No, proceed with remainder of script.

If Yes, answer questions as best as possible, or provide name of number of Battelle study leader.

If you have any (other) questions, need to reschedule your appointment, or need to change your preferred telephone number, I can give you the toll-free number for the discussion group coordinator. [DISCUSSION GROUP COORIDNATOR, TOLLFREENUMBER]. If you cannot join the call, please let us know so that we can find a replacement.

We appreciate your participation in this study, and look forward to speaking with you in the discussion group. Goodbye. **[End Call]**

If call is answered by someone other than participant:

We are calling to remind Dr. _____ of an appointment we scheduled to participate in a telephone discussion group. May I leave a message for Dr. _____?

If Yes: Thank you. Please tell Dr. _____ that we will call on DATE at TIME at this number a few minutes prior to the scheduled appointment to connect all of the participants. If Dr. _____ has any questions, needs to reschedule or cancel the appointment, or needs to change the preferred telephone number, please call DISCUSSION GROUP COORIDNATOR at TOLLFREENUMBER.

If No: Okay. I will try to call at another time. When would be a good time to call back?

Record time. Thank you and have a nice day.

If call goes to voice-mail/answering machine:

Hello, this is _____ with Battelle Memorial Institute.

We are calling to remind Dr. _____ of an appointment we scheduled for a telephone discussion group on DATE at TIME. The discussion group will last one hour. Previously, you indicated that this telephone number was the best one to call for the discussion group. The conference call service provider will call this number a few minutes prior to the scheduled appointment to connect all of the participants, and the discussion group will start on time. If you have any questions, need to reschedule or cancel your appointment, or need to change your preferred telephone number, please call DISCUSSION GROUP COORIDNATOR at TOLLFREENUMBER.

We appreciate your participation in this study, and look forward to speaking with you in the discussion group. Have a nice day. **[End Message]**