

Attachment 5: Moderator's Guide for In-depth Interviews of Physicians

Asthma Education Study

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Moderator's Guide: Physician In-depth Interviews (IDIs)
Asthma Education Study

- I. INTRODUCTION [2 minutes; Σ = 2 minutes]**
1. CDC Sponsorship
 2. Purpose of the study
 - a. Discussion about asthma education for patients
 3. Observers
 4. Audio recording
 5. Comments kept confidential – no personal identifiers in reports
 6. Respondent information
 - a. Number of physicians in practice
 - b. Brief description of patient panel (socioeconomic status, demographics)
 - c. About how many new cases of asthma do you typically diagnose in a year?

¹ Public reporting burden of this collection of information is estimated to be approximately 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXX)

II. Process

[7 minutes; $\Sigma = 9$ minutes]

A patient presents with breathing difficulty and other symptoms that lead to their first diagnosis of asthma.

1. Please talk about the information that patient receives during the remainder of that visit.
 - For a child
 - For an adult

Probes:

Who provides patient education?

Who typically is involved in receiving the information (Parents? Spouses?)

What is the content of the information?

How is a discussion of environmental triggers involved?

How long does a typical session for this last?

How much of that time is devoted to patient education?

How much of a role do NAEPP (National Asthma Education and Prevention Program) guidelines (also known as “ERP-3”) play in your actions? Are the following topics typically covered:

- Ongoing care
- Inhaled corticosteroid use (medication adherence & correct use)
- Environmental triggers
- Asthma Action Plan

III. Barriers and Facilitators

[8 minutes; Σ = 17 minutes]

1. Hand out “Barriers and Facilitators: Asthma Education” worksheet.
2. Instructions
*On the left side of the page, please jot down things that either do or could make it easier for you to provide good asthma education to your patients.
On the right side of the page, please jot down things that either do or could make it more difficult to provide good asthma education to your patients.*
3. Debrief

Probes

What is “good asthma education”?

Is the level of patient involvement as high as they would like to see it?

Is billing asthma education an issue? How so?

How would they describe the materials they have for patient education?

Quality?

Sources?

Readily understandable by their patients?

Likely to be used?

Likely to promote adherence to care plan?

Easy to reproduce in their office?

What other materials would be helpful?

How well do your patients comply with their management plans
(medication adherence, proper use of medication, returning for ongoing care)?

Are factors such as race, literacy, SES important?

IV. Asthma Action Plans

[9 minutes; Σ = 27 minutes]

1. Hand out “Stick Figure Worksheet.”
2. Instructions
CDC and National Institutes of Health (NIH) both recommend having a written asthma action plan for asthmatic patients. Here, for your reference, is a copy of NIH’s version; this is what CDC recommends (copy included with protocol). Please think about physicians you know who diagnose asthma. Near the figure on the left, please jot down characteristics of a physician who routinely uses this form or something like it and who follows the NAEPP guidelines. For the figure on the right, please list characteristics of a physician who does not routinely use a tool like this. Please give me at least: age, gender, and one thought they are having about why they do or do not use them. Also, feel free to add characteristics of their practice, lifestyle, or other factors.
3. Complete exercise, probing for thoughts, feelings that provide incentives or disincentives for routinely developing a written plan for someone diagnosed with asthma.

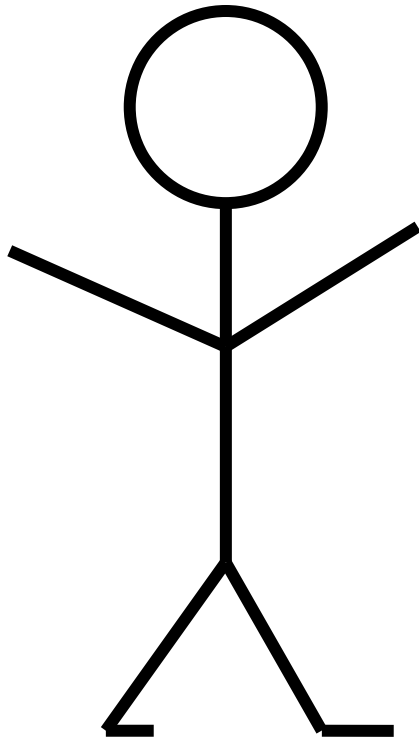
Probe: What do you think would make other physicians more likely to prepare a written asthma action plan and to follow the NAEPP guidelines?

V. Wrap-up

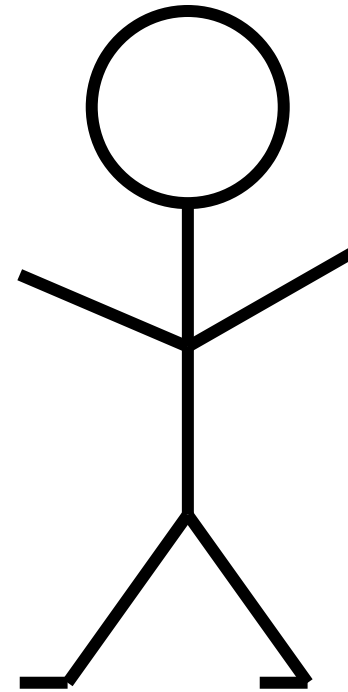
[3 minutes; Σ = 30 minutes]

1. Is there anything else CDC should know about the issues you face in educating your patients about asthma and controlling it?
2. Those are all of my questions for today.
3. Thank and close.

Stick Figure Worksheet



Physician who typically prepares a written asthma action plan for newly diagnosed patients



Physician who typically does not prepare a written asthma action plan for newly diagnosed patients

