

Appendix F

INTERVIEW PROTOCOL FOR HEALTH CARE PROVIDERS

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I. Introduction

All information pertinent to the background and purpose of this study, the recruitment, contact and consent processes, and the logistics of the semi-structured interviews are provided in the Supporting Statement. The Interview Protocol contains the scripts and guide for the Health Care Provider Interview:

II. Interview Script and Guide for Health Care Providers

II.a. Introduction Script

Hello. My name is [insert name], from Kauffman and Associates, Inc. Kauffman & Associates, Inc., is an American Indian, woman-owned company based in Spokane, WA, and we have been contracted by the Centers for Medicare and Medicaid Services (CMS) to conduct interviews with health care providers who provide care to American Indian or Alaska Native Medicare beneficiaries to understand the transportation barriers beneficiaries face in accessing Medicare services, the ways providers and their facilities address these barriers, and the impact of transportation issues on beneficiaries' health and health care. We have invited you here today because of your experience with Medicare and the health care system. We value your opinions and encourage your honest and complete feedback in response to our questions, and we are thankful that you've agreed to come to this interview to share your thoughts and perspectives. While we encourage your full participation to help us understand the transportation issues Medicare beneficiaries' face and how they affect health and health care access, there will be no negative consequences for choosing not to respond to any questions during the course of this interview.

We want to remind you that everything you tell us today will be kept confidential. What you share here today will be aggregated with all of the other interviews we will be conducting, and no names or identifying information will be associated with responses or appear on any presentation or report. We will be using a recording device to ensure that we preserve a complete rendering of what is shared in this interview; however, if there are any objections to recording this interview we will rely on note-taking exclusively.

Are there any questions? [respond to any questions]

II.b. Informed Consent Script

[Interviewer provides participant with Informed Consent Form]

Everything I have just described is written on this Informed Consent form. If you have no other questions on the Informed Consent process at this time, we ask that you sign the form to express your written consent to participate in this interview. I will sign the form as well, and you will receive a copy of this statement for your records, which contains within it the contact information for the persons responsible for this project, should any questions arise after we leave here today.

[Participant and interviewer sign Informed Consent Form].

II.c. Health Care Provider Interview Script

DEMOGRAPHICS

QUESTION 1 IS DIRECTED TO THE INTERVIEWER.

01. [Interviewer: Please indicate the respondent's gender.]

- 1 Male
- 2 Female

[INTERVIEWER: THE REMAINING QUESTIONS ARE ASKED OF THE RESPONDENT, UNLESS OTHERWISE NOTED.]

I am going to start by asking you some basic questions.

02a. What is the month and year of your birth?
____ MONTH 19 ____ YEAR

02b. [Interviewer: If unknown or there was no response, please ask for approximate age.]
____ years

03. What is your race? [Please circle and complete all that apply.]

- 1 American Indian or Alaska Native (Tribal affiliation(s)): _____

- 2 Native Hawaiian or other Pacific Islander
- 3 Black or African American
- 4 Asian
- 5 White
- 6 Other: _____

04. *What type of position do you hold?*

- 1 Primary Care Physician
- 2 Other Physician (specialty) _____
- 3 Nurse Practitioner
- 4 Registered Nurse
- 5 Physician's Assistant
- 6 Health Educator
- 7 Laboratory Technician
- 8 Registered Dietician
- 9 Community Health Representative
- 10 Clinic Administrator
- 11 Health Administrator
- 12 Hospital Administrator
- 13 Contract Health Services Manager
- 14 Other (specify) _____

05. *How long have you been in your current position?*

- 1 Less than 1 year
- 2 1 – 2 years
- 3 3 – 4 years
- 4 5 – 6 years
- 5 7 years and more

06. *Your facility serves American Indians and Alaska Natives in the following capacity:*

- 1 IHS Clinic
- 2 Tribal health center
- 3 Indian health referral site for primary care
- 4 Indian health referral site for inpatient services
- 5 Indian health referral site for behavioral health services
- 6 Indian health referral site for rehabilitation and specialty services
- 7 Other (specify) _____

07. *What are the **primary** services accessed by American Indian and Alaska Native patients at your facility? Please indicate all that apply.*

- 1 Primary care
- 2 Laboratory tests
- 3 Pharmacy services
- 4 Specialist services
- 5 Surgeries
- 6 Prenatal care
- 7 Mental health care
- 8 Substance abuse treatment
- 9 Urgent care

- 10 Emergency care
- 11 Dialysis
- 12 Physical therapy
- 13 Sub-acute care and/or in-patient rehabilitation
- 14 Transportation
- 15 Contract Health Services

08. *In your estimation, American Indians and Alaska Natives represent the following percentage of patients seen at your health care facility.*

- 1 4 % or under
- 2 5 – 25 %
- 3 26 – 50 %
- 4 51 – 75 %
- 5 76 – 100 %

8 Don't know/not sure

TRANSPORTATION BARRIERS AND HEALTH CARE DELIVERY

09. *As you understand them, what are the major transportation barriers facing American Indian and Alaska Native Medicare beneficiaries, both those with and without disabilities, who attend your facility?*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

10. *How do you and your staff stay abreast of the transportation barriers facing patients at the facility?*

11. *What role do you think your facility or staff should take to help patients with appointment and procedure scheduling as it relates to transportation?*

12. *In what way or ways is it a challenge to schedule appointments or procedures for your Medicare beneficiaries because of transportation barriers?*

13a. *What kinds of protocols does your facility have in place to address situations in which a patient is continually missing appointments because of transportation issues?*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

13b. *How do you personally address these situations when they arise?*

14a. *Of the transportation barriers you mentioned, which one would you consider the worst problem?*

14b. *How can the clinic, tribe, or other government entities help reduce this barrier?*

15a. *What are the transportation services currently available to Medicare beneficiaries (both with and without disabilities)?*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

[Interviewer: Check "I do not know" only if indicated by the provider.]

___ I do not know

15b. *Describe your confidence or lack of confidence, in terms of trained personnel, cost, schedule, and convenience, of each of the services you mentioned? Please specify any significant issues.*

[INTERVIEWER: Check "not applicable" if respondent indicated not knowing about any transportation services.]

___ Not applicable

- a. Trained personnel _____
- b. Cost _____
- c. Schedule _____
- d. Convenience _____

Additional comment:

2) _____

- a. Trained personnel _____
- b. Cost _____
- c. Schedule _____
- d. Convenience _____

Additional comment:

3) _____

- a. Trained personnel _____
- b. Cost _____
- c. Schedule _____
- d. Convenience _____

Additional comment:

4) _____

- a. Trained personnel _____
- b. Cost _____
- c. Schedule _____
- d. Convenience _____

Additional comment:

16a. *When you know a beneficiary has a significant transportation barrier, how do you respond to this situation either medically or administratively?*

16b. *How has this response modified the handling of the medical condition of your patient?*

- 17a. *What effect do transportation barriers have on the immediate health of Medicare beneficiaries?*
- 17b. *What effect do transportation barriers have on the long-term health of Medicare beneficiaries?*
- 18a. *What kinds of decisions do you routinely make, if any, based on your perception of the transportation barriers of your patients?*
- 18b. *In the long run, what effect do these kinds of decisions have on the morbidity and mortality of American Indian and Alaska Native Medicare beneficiaries?*
19. *Please describe why you think a beneficiary's stated transportation barriers are or are not significant impediments to good health care?*
20. *Is there anything else you would like to address about transportation barriers and medical care that we have not discussed?*

III. Conclusion and Compensation

At the conclusion of the interview session, the health care providers will be thanked and will be compensated for their time and effort in the form of a small token gift.

III.a. Conclusion and Compensation Script

This concludes our questions. We are very thankful for your time and your thoughtful responses. As an expression of our gratitude, we have a small token of appreciation for you.

IV. Handling of Data

Interview data, once transcribed, will be scrubbed of identifiers. All data will ultimately be electronically entered and password protected with limited access.

Viewing of the raw data will be limited to the following personnel: interviewer, note taker, Project Director, and transcriber. Of the staff, only the interviewer and note taker will have direct knowledge of the person who participated in the study.