

Attachment C: Practice Screening Calls

Demonstration of Health Literacy Universal Precautions Toolkit

Section 1. Description of Project

The “Demonstration of Health Literacy Universal Precautions Toolkit” is funded by the Agency for Healthcare Research and Quality and is being conducted by the University of Colorado and the American Academy of Family Physicians National Research Network. The objective of the project is to allow selected primary care practices to implement the Health Literacy Universal Precautions Toolkit while the project team evaluates practice implementation. We expect that practices using the Toolkit will be able to enhance the quality of their communication with patients, possibly resulting in better patient understanding of their health circumstances and better health outcomes. Based on the results of the project, the Toolkit may undergo revisions to make its implementation as user-friendly and effective as possible.

1. Were you able to review the Toolkit before our call today?

- No
 Yes

Practices involved in the demonstration will implement four tools from the Toolkit over a six-month period. Two tools will be required for all participating practices, and then each practice will select two other tools that are particularly relevant to them. At the beginning and end of the six-month implementation period, practices will collect survey data from patients and staff, and will participate in interviews to help the project team understand the process of Toolkit implementation.

2. Having heard a bit more about the project, do you think your practice would be able to fulfill obligations of the project?

- No (can stop here)
 Yes (continue with interview)
 Don't Know (ask if there is someone else to whom we should speak)

Section 2. Introductory Script for the Interview

I will be asking you some questions about selected characteristics of your practice. We are attempting to maximize the differences in these characteristics across study practices – thus the need for this information.

This interview will take no more than 20 minutes. All responses will be kept confidential. I would like to tape record this interview so I can be sure I don't miss anything. However, no names or other identifying information will be kept on the recording.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, the estimated time required to participate in this interview. 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. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Do I have your permission to talk with you about your practice and record the interview?

[IF YES (consent is given)]: *Great. Okay, the recorder is now on. Just for the record, could you please tell me again whether you give your permission to record this interview?*

[Begin by asking question # 3 below]

Thank you!

[IF NO (consent is not given)]: *Are there are any questions that I may address for you that might change your mind and allow the interview? Or, is there someone else I may speak with to obtain this information?*

[IF NO]: *Thank you for your interest in our project. Good bye.*

[IF YES]: *What are your questions? AND/OR What is the name of the person to whom I should direct these questions?*

Section 3. Interview Questions

Okay, let's get started.

3. Where is your practice located?

_____ city/town
_____ state
_____ zip code

4. Do you consider your *primary* practice location to be in a rural, suburban, or urban location?

_____ Rural
_____ Suburban
_____ Urban

5. Is your practice affiliated with an Institutional Review Board (IRB)?

_____ No
_____ Yes
_____ Don't Know

6. What is your practice type? Is it:

_____ Academic
_____ Privately-owned (solo or group)
_____ Federally Qualified Health Center (or lookalike)
_____ Health system owned (hospital, HMO)
_____ Other (please specify here) _____

7. And, what sort of practice is it? That is, is your practice a:
 Family practice
 Pediatric practice
 Internal medicine practice
 or other (specify: _____)
8. Does your practice include a residency program(s)?
 No
 Yes
9. In total, how many full-time clinicians (e.g., physicians, residents, RNs, nurse practitioners, physician assistants) are employed by the practice? _____
10. In total, how many **part-time** clinicians are employed by the practice? _____
11. In total, how many **full-time** non-clinician staff members are employed by the practice?

12. In total, how many part-time non-clinician staff members are employed by the practice?

13. What is the approximate number of full-time and part-time clinicians (physicians, residents, RNs, nurse practitioners, physician assistants) who work here on a typical day? _____
14. What is the total number of patients on your practice's panel? _____
15. Approximately how many patient visits occur at your practice in a typical week?

16. Please estimate the percentage of patients within each of the following categories:
 65 years of age and older
 enrolled in Medicaid or other public assistance programs
 Racial identification is White
 Racial identification is Black/African-American
 Ethnic identification is Hispanic (either White or Black)
 Ethnic identification is American Indian/Alaska Native*
 Ethnic identification is Other*
 Mainly speak a language other than English
 * Not part of the health literacy prevalence calculation

This next set of questions is related to quality improvement efforts your practice may engage in.

17. Do you have a quality improvement team at your practice?
 No (skip to question 16)
 Yes

18. Who serves on this team (please identify members by the positions they hold in the practice):

- Physician (non-resident)
- Physician (resident)
- Physician assistant
- Nurse practitioner/Advanced Practice Nurse
- Registered nurse
- Other Nursing Staff (LPN, CPN)
- Medical assistant
- Practice manager/office manager
- Office Staff (front desk; business office; medical records)
- Social worker/Counselor/Behavioral health worker
- Psychologist
- Pharmacist
- Dietitian
- Other (please specify: _____)

19. How often does the quality improvement team meet?

20. Please briefly describe up to two recent quality improvement projects or research studies that have been implemented at your practice within the past three years:

21. In your opinion, how successful were those projects? Why?

23. Why is your practice interested in participating in this project?

24. Is there at least one clinician at your practice with an interest in improving communication with patients who may have a hard time understanding health-related information? Who is that person?

25. As part of the project, we would like for each participating practice to identify clinicians or other staff members to fill some important roles.
 - a. Each practice will need to have a Project Director. This person would provide high-level oversight and would need to have the authority to sign a Practice Agreement, committing the practice to participation in the project. Ideally, the Project Director would be a physician with interest in health literacy.
 - b. We would like for each practice to identify a Project Coordinator. This person should understand practice-based research and be able to oversee data collection for the project.
 - c. Each practice would need to create a Health Literacy Team to direct implementation of the Toolkit. This Team should have a strong leader, preferably someone who has an interest in health literacy and who has experience implementing quality improvement projects.
 - d. Although it is possible that different people would fill these roles, a single person could serve more than one of these roles.

Do you have a sense of who might fill these roles for your practice, if you were to participate? Who are those folks?

- a. Project Director:
- b. Project Coordinator:
- c. Health Literacy Team Leader:
- d. Health Literacy Team Members: