**Attachment B1**

|  |  |  |
| --- | --- | --- |
| Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reconfirmation Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Group:** |

**Physicians Screener for Focus Groups**

**CALL INTO PRIVATE PRACTICES**

**RECRUIT GPs/FPs/IMs/Pediatricians ONLY**

**RECRUIT 8 PER GROUP >>RECRUIT ONLY 1 PER PRACTICE**

**NEED GOOD MIX BY SMALL AND LARGE PRACTICE**

Hello, I’m \_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_, an independent marketing research firm. We are not selling any product or service. We are conducting a research study among physicians on behalf of the U.S. Department of Health and Human Services and would like to include your views. My questions will only take a few minutes. May I speak with (insert Dr.’s name)?

1. First, do you, or does any member of your household or immediate family work for, or receive any compensation from:

A market research company \_\_\_\_\_

An advertising agency or public relations firm \_\_\_\_\_

The media (TV/radio/newspapers/magazines) \_\_\_\_\_

The federal government \_\_\_\_\_

A company that provides IT support (including systems and software) to medical practices or hospitals \_\_\_\_\_

For a health insurance provider \_\_\_\_\_

For a managed care organization \_\_\_\_\_

As an employee or advocate at an organization that focuses on health

(Such as the American Cancer Society) \_\_\_\_\_

**[IF “YES” TO ANY >> GET SPECIFICS AND HOLD]**

2. What is your specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MUST BE GP/FP/IM/PED TO QUALIFY**

**[ATTEMPT MIX, BUT RECRUIT MAX. 2 PEDS]**

2A. ***[ASK IF IM ONLY...]***

What percentage of your practice is as a primary care physician?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % **[MUST BE AT LEAST 50% TO QUALIFY]**

3. How long have you been practicing in your current specialty?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ >> **[MUST BE AT LEAST 2 YEARS TO QUALIFY] [NEED GOOD MIX]**

4. Are you currently in private practice?

Yes \_\_\_\_\_

**TERMINATE >>** No \_\_\_\_\_

4A. What percentage of your time is spent seeing patients in your private practice versus time spent in hospitals, clinics, or in academia?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% **>> [MUST BE AT LEAST 50% TO QUALIFY]**

***[NOTE: MUST BE IN PRIVATE PRACTICE & SPEND AT LEAST 50% OF THEIR TIME SEEING PRIVATE PRACTICE PATIENTS TO QUALIFY. IF WORK ONLY IN A PUBLIC SETTING - IN A HOSPTIAL, CLINIC, OR IN ACADEMIA >> TERMINATE]***

4B. What is the name of your practice?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **>> [MAX 1 PER PRACTICE]**

5. How many doctors, physician’s assistants, and nurse practitioners are in your practice?

# Doctors \_\_\_\_\_\_\_\_\_\_\_

# Physician’s Assistants +\_\_\_\_\_\_\_\_\_\_\_

# Nurse Practitioner +\_\_\_\_\_\_\_\_\_\_\_

**Total = \_\_\_\_\_\_\_\_\_\_**

**IF TOTAL IS LESS THAN 8 > RECRUIT AS SMALL PRACTICE**

**IF TOTAL IS 8 OR GREATER > RECRUIT AS LARGE PRACTICE**

**[NEED GOOD MIX OF SMALL AND LARGE PRACTICES REPRESENTED]**

6. Please indicate your planned timing for the adoption and implementation of a complete electronic health record (EHR) or electronic medical record (EMR) system.

Already adopted EHR system more than 6 months ago \_\_\_ **>>> TERMINATE**

Adopted EHR system within past 6 months \_\_\_ **[RECRUIT for “Converted” Group]**

Currently implementing EHR system \_\_\_ [**RECRUIT for “Converted” Group]**

Planning to implement EHR system within 1-3 years \_\_\_ [**RECRUIT for “Planning” Group]**

Planning to implement EHR system within 4+ yrs \_\_\_ [**RECRUIT for “Not Planning” Group]**

Not planning to implement EHR system \_\_\_ [**RECRUIT for “Not Planning” Group]**

7. Please tell me your age. \_\_\_\_\_\_\_\_\_\_\_\_\_ **[NEED MIX]**

8. [Record Gender] **[ATTEMPT MIX]**

Male \_\_\_\_\_

Female \_\_\_\_\_

9. Have you ever attended a focus group discussion? By that we mean an informal, round-table discussion, conducted by a professional moderator, in which you were asked your opinions regarding a product, a service, or advertising?

**ASK QUESTIONS A-C >>** Yes \_\_\_\_\_

**INVITE TO GROUP >>** No \_\_\_\_\_

1. How many of these groups have you attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long ago was the last one of these groups you attended? **[If more than two focus groups in past six months, TERMINATE]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What was/were the topics discussed? [RECORD]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[INVITE TO GROUP]**

Thank you for answering my questions. As I mentioned, we are conducting a study on behalf of the US Department of Health and Human Services among physicians regarding electronic health records. Your input is critical to the success of the project.

In order to accomplish our research objective, we would like to invite you to take part in an informal, group discussion to be conducted on **[DATE]** at **[TIME]**. The discussion will be lead by a professional moderator and will last **1.5 hours** or less. We are confident that you will enjoy the exchange of information and will find it beneficial.

As a token of appreciation for sharing your views, you will receive a [**AMOUNT**] cash incentive at the time of the discussion. If you prefer, we can donate the **[AMOUNT]** to a charity of your choice.

We can only invite a select number of physicians to take part. Can we schedule your participation?

**[If yes, read…..]**

If you need glasses for reading or watching TV, please bring them with you to the discussion.

**[Record Group (“Converted”, “Planning”, or “Not Planning”)]**

**Group/Date/Time:**

ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [***RECRUIT MAX 1 PER]***

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (DAY) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EVE) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FAX) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CELL) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EMAIL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_