

Attachment 3

Provider Interview Guide

Formative Research to Develop Social Marketing Campaigns: Prevention Is Care (PIC)

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Formative Research with Health Care Providers to Inform Social Marketing Campaigns ("Wave 3")

7/28/2014

In-Depth Interview Guide

Objective and Task

Campaign Objective: To increase provider emphasis on preventing transmission by HIV-infected persons.

Task Purpose: To test different draft materials for Primary Care Physicians and Infectious Disease Physicians as part of Resource Kit #3 of the PIC campaign also referred to as Wave 3. The findings will inform the development of the final Resource Kit #3 materials to support the revised CDC recommendation for HIV prevention with adults and adolescents with HIV (anticipated for release in 2014).

Data Collection

Setting: The in-depth interviews (IDIs) will take up to one hour. A trained interviewer will meet with the participant. A note taker will take notes from behind the one-way mirror.

Consenting: Informed consent will be obtained by the interviewer at the beginning of the interview session.

Process: The interview will comprise the following steps:

Welcome:

- **Welcome**—the interviewer will welcome the participant and explain the purpose of the interview session.
- **Informed Consent**—the interviewer will briefly review the consent form and obtain the participant’s informed consent.

Warm-up: Brief information on basic information on physician’s practice.

Presentation of the Envelope (Self-Directed Exercise): The purpose of this phase is to test initial reactions to the campaign resource kit containing materials for PCPs and IDs about helping to protect the health of HIV-infected persons/Persons Living with HIV and preventing HIV transmission to their partners of HIV-infected persons (prior to providing context about the campaign).

General Questions about PIC exposure: Assess participant exposure to the PIC campaign.

Background and Campaign Description and Purpose: Provide a background of PIC.

Materials Testing: The purpose of this phase is to test different campaign materials developed for HIV providers to use in their clinical practice to both help protect the health of their patients living with HIV and to prevent transmission to partners. We will test four different types of materials 1) background/educational materials for physicians, 2) tools to help providers identify considerations that may keep patients from adhering to their HIV medications or keep them from being retained in HIV care, 3) patient education materials, and 4) wall posters for physician waiting rooms and/or exam rooms. For each type, we will test three items, one on adherence, one on retention, and one of risky sexual behavior. The testing of these materials will inform the revision of the materials for the final *Prevention IS Care* resource kit campaign materials.

Closing.

I. Welcome (5 minutes)

Thank you for coming here today. Your participation is very important. I’m _____ and I’m from RTI, a non-profit research organization. The Centers for Disease Control and Prevention (CDC) is sponsoring this research. The purpose of this interview is to inform the development of a campaign that will promote CDC’s recommendations for incorporating HIV prevention into the medical care of persons living with HIV. Therefore, we will be asking you questions about patient and provider materials on managing HIV. Your insights today are very important as they will help inform the development of the final materials for physicians that will be used in the campaign. We really appreciate your time today. We will have about 1 hour for our discussion.

You completed a consent form prior to completing the survey. Again, the consent form states that you have agreed to be part of a study about HIV and your participation is voluntary. Do you have any questions about the information on the form before we start the interview?

Before we begin, I want to review a few ground rules for our discussion.

- Your participation is voluntary and you have the right to withdraw from the study at any time. You may choose not to answer any questions that you do not wish to answer.
- You have probably noticed the microphones in the room. They are here because I am audio taping [if applicable: and we have a live video stream]. At the end of today’s discussion, I have to write a report. I want to give you my full attention and not have to take a lot of notes.

- Behind me is a one-way mirror. Some of the people working on this project may be observing this discussion so that they can hear your opinions directly from you. [If applicable] Members of CDC staff are watching via a live video stream.
- Your identity and anything you personally say here will remain confidential. Your name, address, and phone number will not be given to anyone, and no one will contact you after this interview is over. Interview notes will be kept secure and separate from identifiable information.
- In addition, we'll be talking to many people and writing a summary report based on all our findings. When we write the report, we will look at the results of the interviews as a group, not individually. We will not refer to you by name in the report.
- The informed consent has contact information for the project director, in case you have questions about the study, and RTI's Office of Research Protection, in case you have questions about your rights as a participant.
- Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the materials we will be discussing. I do not work for the people sponsoring this research and I did not develop any of these materials, so don't hold back on giving me your honest opinions.
 - Do you have any questions before we begin?

II. Warm up (5 minutes)

1. I would like to begin our discussion by confirming some information you provided on your screener.
 - first name
 - number of years in practice
 - Type of practice (e.g., Private, clinic, etc.)

III. General Questions about PIC exposure [NOTE TO INTERVIEWER – KEEP TO 5 MINUTES]_ [FOR THOSE PARTICIPANTS WHO RECEIVED THE MATERIALS IN THE MAIL PRIOR TO THE INTERVIEW, ADD TO Q1 AND Q2, “OTHER THAN WHAT YOU RECEIVED IN THE MAIL FROM US IN PREPARATION FOR TODAY’S INTERVIEW.”]

1. In the past 12 months, have you seen or heard any campaign messages for healthcare professionals about HIV prevention counseling for HIV-positive patients?

IF YES PROBE: In your own words, would you please summarize what you remember from those campaign materials? (You can mention anything you would like, including the main ideas or even pictures or graphics that you remember.)

2. Have you heard of CDC’s *Prevention IS Care* campaign, also known as PIC?

IF YES PROBE: Do you use any of PIC materials in your office?
Do you recall how you obtained those materials, e.g. download, conference, etc.?
Have you shared PIC materials with any of your colleagues?
Talked to colleagues (If yes, what did you talk about?)
Referred colleagues to the website?

IV. Presentation of Envelope (5 minutes)

A. Outside packaging (Items # envelope [NOTE ITEMS # FOLDER, # TRIFOLD BRC AND # “DEAR COLLEAGE” LETTER WILL NOT BE TESTED IN THIS ROUND])

OPTION 1 PARTICIPANT RECEIVED MATERIALS IN THE MAIL BEFORE INTERVIEW

Introduce Exercise: We sent you a packet of materials in the mail for today’s interview. We are going to discuss those now. Do you have them with you? [IF YES] Great, please get them out. [IF NO] That’s okay. We have a set here for you.

A1. What did you think was the point of these materials? How and when do you think you are supposed to use them?

A2. What is the CDC asking you do to?

A3. Why are they asking you to do it?

A4. What do you think of the design overall?

A5. What are you general impression s of the provider pieces? Patient pieces?

Probe: Do you think one set was better developed or more useful than the other? Please explain.

[PROCEED to background section.]

A6. Please tell me the extent to which you agree or disagree with the following statements, where 1 is strongly disagree and 5 is strongly agree:

Overall, I like this piece/ad

OPTION 2 PARTICIPANT DID NOT RECEIVE MATERIALS IN THE MAIL BEFORE INTERVIEW

Introduce Exercise: I have for you a set of materials. Imagine you received this in the mail or picked it up a conference. Give it the same time you would give it if we were not meeting today. However, be verbal when you look at the materials. Let me know what kind of things you are thinking while you go through them.

[Give materials to physician. Observe what materials MD looks at.]

A1. What do you think is the point of these materials? How and when do you think you are supposed to use them?

A2. What is the CDC asking you do to?

A3. Why are they asking you to do it?

A4. What do you think of the design overall?

A5. Can you tell what materials are for patients vs. providers? What could better delineate them?

A6. Please tell me the extent to which you agree or disagree with the following statements, where 1 is strongly disagree and 5 is strongly agree:

Overall, I like this piece/ad

[PROCEED to background section.]

V. Background and Campaign Description and Purpose (5 minutes)

As you read while you were filling out the survey prior to our interview, PIC translates scientific evidence from the CDC recommendations into practical tools for HIV providers.

The tools are intended for providers to use in their practice to help their HIV-infected patients stay healthy and prevent transmission to partners. We are going to be discussing a few of those materials today.

VI. Presentation of Materials (30 minutes)

Next I'd like to ask you about some the resources in the envelope. We'll discuss different types of materials - some are for providers and others are for patients. For each type of material we'll be discussing two to three items. Now let's take a look at the first set of materials which are designed for providers.

MD Items

B. Hardy reprint carrier (5 minutes out of 30 minutes)

[NOTE TO INTERVIEWER –ONLY SPEND ABOUT 5 MINUTES OR LESS ON THIS ITEM GIVEN THAT THE CONTENT OF THIS ITEM WON'T CHANGE.]

This folder contains a summary of the actual article that would be contained within this folder. How useful would this article be to you? Do you think this should be included in this packet or just referenced?

C. **Other MD pieces** (10 minutes out of 30 minutes) [INTERVIEWERS WILL ROTATE ORDER]

Now let's talk about the content of the brochure.

Content – MD Piece

C1. What do you think about the content of the brochure?

PROBE: Is there anything missing?

PROBE: What comes to mind when you read post-exposure prophylaxis or “PEP” throughout the brochure? [CHECK TO SEE IF THEY ARE INTERPRETING CORRECTLY. IF THEY DEFINE AS “nPEP” THEN ASK “Is it necessary to use the term ‘nPEP’?”]

PROBE: How useful do you find the evidence table? Not at all useful, very useful, somewhat useful? Is this something you think is essential to the brochure?

C2. What do you think about the title of the brochure?

PROBE: How would you define the term “[RETENTION IN CARE /ART ADHERENCE]”?

PROBE: Is there a better term or phrase that should be used?

Usability – MD Piece

C3. Is this something that you would find useful for yourself? Other staff you work with?

PROBE: After reviewing the brochure how confident are you in your ability to implement the recommendations provided?

PROBE: How could it be improved to make it more useful for providers such as yourself?

C4. [TIME PERMITTING ASK] Does the organization or flow of information make sense to you? How could you improve it, if at all?

Use – MD Piece

C5. For clinical/professional purposes, how would you prefer to access these materials (electronically via desktop, laptop, or tablet; through mobile application; or hard copy)?

C6. How do you think most providers would like to access these materials?

C7. You mentioned you'd like to receive materials in [INSERT RESPONSE] form for your own provider use. We are interested in hearing about what you currently use with your patients. What devices, if any, do you currently use during patient consultations?

PROBE: Smartphones, lap tops, desktops, tablet? Do you think one is more useful or effective than another?

C8. Would you use these materials more than once? How often might you use them? Do you think other providers would use them more than once?

Improvement – Discussion Tool

C9. What could be done to improve this piece?

a. **PROBE:** Do you think there are any prevention strategies that should be included in

- these brochures that we have not included or that deserve more emphasis?
- b. **PROBE:** Was the appropriate level of science referenced in brochures for providers?

NOTE TO INTERVIEWER REPEAT C1 – C9 FOR ITEM #9

D. **MD Tool** (10 minutes out of 30 minutes) [INTERVIEWERS WILL ROTATE ORDER]

This next item is somewhat similar to the piece we just viewed, except it is to help providers improve patient medication adherence, retention and reducing risk behaviors.

Content – MD Tool NOTE TO INTERVIEWER HIGHER PRIORITY

- D1. After reviewing the content of this piece, what are your thoughts about it?
D2. What do you most like about this tool?
D3. What do you least like about this tool?
D4. Is there any other information that you feel should be added or removed?

Usability – MD Tool

- D5. Does the organization or flow of information make sense to you? How could you improve it?
D6. Does it provide enough guidance on how to use it? How would you prefer to access this tool?
e.g., electronically via desktop, laptop, or tablet; mobile app; hard copy, etc.?

Use – MD Tool

- D7. Do you see yourself asking your HIV infected patients' questions to learn more about these factors? If so, which ones? If not, why not? [NOTE TO INTERVIEWER – ASSUME PROVIDERS WOULD NOT ASK THE DIRECT QUESTIONS ON THE TOOL OF THEIR PATIENTS.]
D8. How would you physically use this piece in your practice? Where would you put it? e.g. in your office, mobile device, patient room, etc.

[TIME PERMITTING ASK:]

- D9. Are there any other providers in your practice, such as Nurse Practitioners or Physicians Assistants that would potentially use this or benefit from it?

Improvement – MD Tool

- D10. What could be done to improve this piece?

BEFORE MOVING TO PATIENT PIECES:

Show provider resource brochure from kit 2

- D11. How would you want this information in a subsequent kit? Would you like it the same as in this kit, links on the website, or both?

NOTE TO INTERVIEWER REPEAT QUESTIONS D1-21 FOR OTHER DISCUSSION TOOL ITEM #

E. **Patient Take Home Pieces** (5 minutes out of 30 minutes)

[Note to interviewer - Show both items together.]

These next pieces, unlike the others we have talked about today, these are written for patients. I would like you to also take a look at them and tell us what you think.

E1. What are your overall reactions to these brochures?

PROBE: In general, are the brochures written at the right reading comprehension level for your patients? Too simple?

PROBE: How credible would you say the brochures are?

PROBE: How would you use them in your practice?

Content – Patient Take Home Piece

E2. What do you think about the content of the brochures?

PROBE: Is there anything missing? Is there anything that needs to be added? Is there anything that needs to be deleted?

PROBE: Is the information included here too simplistic, too complicated or just right.

F. **Wall Poster** (5 minutes out of 30 minutes)

The last type of material we are going to review today is a waiting room or exam room poster.

Before we look at some examples, I'd like to ask...

F1. Does your office/clinic ever post posters from pharmaceutical companies, professional associations, federal agencies, or other sources?

PROBE: If so, what kind of posters do you have up in your office/clinic now? Where are they located?

PROBE: How is it decided what is posted?

[Note to interviewer - Show all three posters together.]

These posters are being developed for providers who treat HIV positive patients. In the interest of time, let's take a look at all three posters together.

Use – Wall Posters

F2. Would you put these posters up in your office/clinic? If yes, where would you post them? If no, why not?

TIME PERMITTING ASK:

Content – Wall Posters

F3. What do you think about the content of the posters? Is the message clear?

IX. Close (5 minutes)

Okay, we are pretty much out of time. Do you have any last thoughts?

Lay out all materials in order of provider materials and patient materials:

PROBE: What do you think about the number of materials? Too many, too few, just right?

PROBE: Which materials are most helpful to have printed?

- a. Hard Copy
- b. Web/mobile app
- c. CD
- d. USB flash drive

PROBE: Which materials are the most useful, which are the least?

[INTERVIEWER will check with observers for additional questions or comments.]

I would like to thank you for coming today and providing important feedback to CDC. This has been very useful in helping us to evaluate the different materials for promoting PIC as a routine part of care.

AT THE END OF THE INTERVIEWER SHOULD HAVE FOR EACH PARTICIPANT:

(1)RESCREENER

(1)Paper and Pencil Instrument

(1)SIGNED CONSENT FORM

(1)PIC KIT THAT WAS SENT TO THE PROVIDER

*****INTERVIEWER - GIVE PARTICIPANT THE WAVE 2 PIC KIT AND ENSURE THAT THE KIT SENT TO THEM IS COLLECTED *****