

ATTACHMENT C
SCREENER AND TELEPHONE SCRIPT FOR RECRUITMENT

TELEPHONE INTRODUCTION

Script for incoming calls. Thank you for responding to our letter. My name is _____ from The Henne Group. As mentioned in our letter, we are working with RTI International on a research study funded by the Centers for Medicare and Medicaid Services (CMS) to evaluate the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration. The letter asked if you would be interested in taking part in a focus group.

Script for Henne-initiated calls. May I speak with [BENEFICIARY NAME]? Hello, my name is _____ from The Henne Group. We are working with RTI International on a research study funded by the Centers for Medicare and Medicaid Services (CMS) to evaluate the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration. We recently sent you a letter asking if you would be interested in participating in a focus group.

Continue for all calls.

FOR BENEFICIARIES: The purpose of these focus groups is to share your experiences receiving health care services from your primary care provider.

FOR CAREGIVERS: The purpose of these focus groups is to share your experiences with the health care services provided by the primary care practice for the person for which you care.

ALL:

Your opinions will help us to understand how to improve health care access and coordination for people who are insured by Medicare and/or Medicaid.

If you are interested in participating in the study and you meet our eligibility requirements, we will invite you to attend a group interview, sometimes called a focus group, at [INSERT LOCATION]. The interview will take about two hours of your time, and we will give you a \$50 gift card for participating.

May I ask you a few questions to see if you are eligible to participate?

IF YES, CONTINUE TO QUESTION 1 ON NEXT PAGE.

IF NO, THANK AND END.

SCREENER

[Note: Screener will be tailored based on the information that we have available in the Medicare claims data (except for caregivers). Medicare claims data will be used to track the mix of participants' gender and ethnicity. For Medicaid enrollees, the script includes demographic questions such as gender and ethnicity because we will not be using claims to recruit these participants. The script will be tailored to accommodate the situation where potential participants call The Henne Group, as well as for The Henne Group to call potential participants.]

Since we need to include people who have a mix of different backgrounds and experiences, there are some questions that I need to ask you to see if you meet the requirements for participating in the focus group.

1. Please tell me your full name.

_____ [full name of caller]

2. Are you an adult age 18 or older?

___ Yes → GO TO Q3

___ No → GO TO Q2a

2a. Do you have someone else who helps you with your health decisions or takes you to doctors' appointment such as a guardian, parent, or caregiver?

___ Yes → Would this person be interested in speaking with us? We can either speak with them today or take their number and call them at a later time.

___ No → THANK AND END

3. Are you calling for yourself or someone you take care of?

___ Caller is the beneficiary → Please tell me your birthdate:

_____ (birthdate) → GO TO Q4

___ Calling for someone else → Please tell me their full name and birthdate:

_____ (name)

_____ (birthdate) → GO TO Q3a

[For Medicare and Medicare-Medicaid enrollees, the recruiter will use the birthdate to confirm that they have identified the correct patient record in the claims database]

3a. Are you the primary caregiver for [beneficiary name]? By primary caregiver, I mean are you the main person responsible for [beneficiary name]'s healthcare?

___ Yes → GO TO Q4

___ No → THANK AND END

4. **The focus group will be conducted in English. Are you comfortable understanding and speaking English?**

Yes → GO TO Q5

No → THANK AND END

5. **One of the requirements for participating in this research study is that the participant, [or someone they care for], is insured through Medicare or Medicaid, also known as [state-specific name]. Can you tell me which of the following types of health insurance [you / beneficiary name] has? [ASK EACH ONE, EVEN IF THEY INDICATE ‘YES’ TO ONE QUESTION.]**

Medicare

Medicaid

Both Medicare and Medicaid

Private insurance → THANK AND END

6. **[For caregivers only:]**

6a. **What is your relationship to the beneficiary who received services at [names of primary care facilities]?**

Spouse (husband or wife)

Child (son or daughter)

Parent

Friend

Other—*please describe:* _____

6b. **How often do you go with [beneficiary name] to their primary care practice and/or provider? Would you say...**

Always

Usually

Sometimes → THANK AND END

Seldom → THANK AND END

Never → THANK AND END

7. **Have you participated in a focus group, sometimes called a group interview, in the past 12 months?**

Yes → THANK AND END

No

THE NEXT SET OF QUESTIONS SHOULD BE TAILORED FOR THE ROLE OF THE POTENTIAL PARTICIPANT, AS THE BENEFICIARY OR AS THE BENEFICIARY THAT THE CAREGIVER REPRESENTS.

8. [For Medicaid beneficiaries only] What State do you live in?

- Maine
- Minnesota
- Michigan
- New York
- North Carolina
- Pennsylvania
- Rhode Island
- Vermont
- Other: *please describe:* _____

9. [For Medicaid beneficiaries only] Do you attend either of these primary care practices? [the Henne Group will use the respondent's State to select the list of practices where our sample was drawn]

- State Practice 1 and Address
- State Practice 2 and Address
- Not one of the practices listed → THANK AND END

10. How long [have you/has beneficiary name] been receiving services from [your/his/her] current primary care practice? Would you say...

- Less than one year
- 1 to 3 years
- More than 3 years

11. [For Medicaid beneficiaries only] In the past 12 months, how often did [you visit/beneficiary name] visit [your/his/her] current primary care practice? Would you say...

- 1 time
- 2 to 6 times
- 7–12 times
- More than 12 times
- Did not visit current primary care practice in past 12 months

12. **When [you go/beneficiary name goes] to [your/his/her] primary care practice, how often [do you/does she/he] see the same provider, that is, the same doctor, nurse, or physician's assistant? Would you say...**
- Always
 - Most of the time
 - Sometimes
 - Hardly ever
 - Never
13. **[For Medicaid beneficiaries only] [Have you/has beneficiary name] seen a specialist for treatment or diagnosis, such as a surgeon, heart doctor, allergy doctor, skin doctor, foot doctor, or others who specialize in specific types of care, in the past 12 months?**
- Yes
 - No
 - Not sure
14. **Chronic conditions are health problems that are continuous and long-lasting. How many chronic conditions would you say that [you/beneficiary name] currently has?**
- None
 - 1
 - 2
 - 3 or more
 - Not sure
15. **How would you rate [your/beneficiary's name] overall health, in general? Would you say...**
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
16. **[For Medicaid beneficiaries only] How many times have [you/beneficiary name] received care at a hospital, including the emergency room, or an urgent care facility in the past 12 months? [AT LEAST 25% SHOULD HAVE AT LEAST TWICE.]**
- _____ [number of times]

THE NEXT SET OF QUESTIONS FOCUS ON PERSONAL CHARACTERISTICS THAT HELP US UNDERSTAND THE BACKGROUND OF INDIVIDUALS WHO MAY BE PARTICIPATING IN THE FOCUS GROUPS.

17. [For Medicaid beneficiaries and caregivers only] What gender are you?

_____ Female

_____ Male

18. [For Medicaid beneficiaries and caregivers only] Which categories, if any, best describe your race and ethnicity?

_____ White

_____ Hispanic

_____ Asian

_____ Black

_____ North American Indian or Alaskan Native

_____ Other, *Please describe:* _____

19. What is the last or highest grade that you finished in school? DO NOT READ OPTIONS.

_____ High school degree or GED or less [RECRUIT TO GET AT LEAST 25%]

_____ Some college, two-year degree or college graduate

_____ More than 4-year college degree [RECRUIT TO GET NO MORE THAN 25%]

END OF SCREENER. IF PARTICIPANT MEETS CRITERIA, MOVE ON TO INVITATION TO PARTICIPATE.

INVITATION TO PARTICIPATE

Thank you for answering all of my questions. You meet the requirements to participate in the focus group interview. If you agree to participate, you will be allowed to skip any questions that you don't want to answer for any reason. You will not be asked to tell us any personal information about your medical condition or health status.

Are you interested in participating?

IF YES, CONTINUE

IF NO, THANK AND END

We are conducting the focus group on [TIME AND DATE] at [LOCATION]. Are you available then? Do you have a way of getting there?

IF YES, CONTINUE

IF NO, THANK AND END

Would you like directions to [LOCATION]?

IF YES, PROVIDE DIRECTIONS OR OFFER TO EMAIL THEM.

I will call you a few days before your appointment to confirm the date, time and location of your appointment. Again, this should take about two hours of your time. At the end, you will receive \$50 as a thank you for your participation.

Let me mention three additional things:

- 1. If you wear reading glasses, please be sure to bring them, as you will be asked to read some materials during the group interview;**
- 2. Please be aware that we have a no-smoking policy; and**
- 3. If you care for children please do not bring them with you because there is no child-care available at the facility.**

Now, let me confirm the spelling of your name, address, and phone number in case we need to get in touch with you. RECORD RESPONDENT'S INFORMATION

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

If you have any questions or find that you can't attend, please call us right away at [phone number] so that we can find a replacement. Thank you for your time and for agreeing to help with this important research study.