

# Primary Care Provider Interview Guide

## Frontier Community Health Care Network Coordination Grant

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### Advance Letter

*Via Email*

Dear Interviewee:

On behalf of the Office of Rural Health Policy, the Altarum Institute, IMPAQ International and the NORC Walsh Center for Rural Health Analysis are conducting an evaluation of the Frontier Community Health Care Network Coordination Grant. The grant is supporting the training and placement of community health workers in several Montana critical access hospitals to facilitate the coordination of care for patients.

The interview will be conducted either in-person or by telephone and will last no longer than one hour. Your participation will provide increased understanding and perspectives on access to quality care, adequate compensation, and regulations that allow for the integration and delivery of high quality care in frontier areas. With your permission, we will record the interview to assist us in taking notes and summarizing the discussion.

Findings from this evaluation will be included in reports for ORHP that may be publicly available. In those reports, data or quotations will not be linked to the identity of a particular respondent or organization.

If you have questions about this study, please contact me at [knudson-alana@norc.org](mailto:knudson-alana@norc.org). Shena Popat from NORC will be contacting you within the next few days to schedule a telephone interview. For questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator at 773-256-6000.

Thank you for your participation in this very important study.

Sincerely,

Alana Knudson, PhD

Co-Director, NORC Walsh Center for Rural Health Analysis

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### **Informed Consent**

Good morning/afternoon. My name is Alana Knudson and I am a researcher at the NORC Walsh Center for Rural Health Analysis. Altarum Institute, IMPAQ International and the Walsh Center have been contracted by the HRSA Office of Rural Health Policy to ascertain your unique perspective on the Frontier Community Health Care Network Coordination Grant. The grant is supporting the training and placement of community health workers in several Montana critical access hospitals to facilitate the coordination of care for patients.

This interview will last no more than one hour. There are no risks associated with your participation. Your participation is voluntary, and you may skip questions, and stop the interview at any time without any adverse consequences. Your answers will only be reported in aggregate form, and will not identify you or your organization. Your responses will be used in a final report for ORHP. If you have any questions about your rights as a participant in this research project, please call the NORC Institutional Review Board Administrator at 773-256-6000.

Do you consent to participate in this interview? [All parties on line must say “yes” to proceed.]

Do you have any questions for me?

**[If “yes” then proceed. If “no” then terminate interview.]**

**[BEGIN RECORDING]**

NORC would like to record this interview in order to ensure our notes are as accurate and comprehensive as possible. This recording will be deleted at the end of the project. Do you consent to have this interview recorded?

**[If all parties indicate “yes” then proceed, and continue to record the interview.”]**

**[If “no” then say: “That’s fine. Please be patient as I take notes.” Then, stop and delete the recording.]**

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*This includes physicians, nurse practitioners, physician assistants, and other key staff.*

#### Interview Guide

1. How long have you been a health care provider in this community?
2. Has your career primarily been in rural hospitals?
3. Could you please describe your medical education and training background?

#### Types of Patients

4. What proportion of the patients that you see are Medicare beneficiaries?
5. What proportion of your Medicare patients has at least one chronic condition?
6. What are the top five chronic conditions among your Medicare patients that you treat most frequently?
7. What proportion of your non-Medicare patients has chronic conditions?
  - a. What are the most prevalent chronic conditions among these patients?
8. Which patient conditions do you think would best benefit from care coordination?

#### Care Coordination

9. How often do you refer your patients to providers outside of your community?
10. What facilities do you most often transfer patients to?
11. How often are these referrals made because of the following (seldom, occasionally, or frequently):
  - a. Patient/family requests a referral
  - b. Availability of beds/services locally;
  - c. Cost;
  - d. Complexity of needed services; or
  - e. Other (Please specify)?
12. How does the coordination of care between your facility, the other facility and individual care providers work? (e.g., written communication, oral communication, faxes, EHRs, or regularly scheduled meetings)
  - a. Do you use EHRs?
  - b. How would you like to use EHRs for the purpose of care coordination?
13. Are you aware of the CAH's relationship with other CAHs, networks, and referral hospitals?

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14. After a patient is referred to another provider, does the patient usually return to you for their primary care needs?
15. Does the referral provider usually communicate with you regarding the coordination of care for the patient?
  - a. If yes, how?
    - i. Is this coordination effective in providing high quality, integrated health care?
    - ii. Has the CHW helped to facilitate the communication between you and the referral provider?
    - iii. Please provide an example of how this coordination worked well.
  - b. If not, why?
    - i. Is there and impact on patient care? (e.g., medication reconciliation)
    - ii. Could the CHW role be improved or changed to help facilitate better communication with the referral provider?
      1. If so, how?
16. When discharging patients to their home, how is care coordinated?
  - a. Who leads the discharge planning discussions? (E.g., director of nursing, provider, CHW, other?)
  - b. What types of care plans/discharge plans are in place?
  - c. Is this information readily available to the CHWs? If so, where is it located?
  - d. Can you think of anything your patients should be discharged home with that they currently are not receiving?
17. Do you facilitate the coordination of care with other health care services/programs, such as home health, hospice, nursing home, and ambulatory care providers?
18. What would you say are essential elements for coordinated care?
19. Has care coordination improved within your facility since the implementation of the CHW program?
20. Are CHWs used to integrate health care services and other health related social services for Medicare patients?
  - a. What practices have worked well?
  - b. What are some lessons learned?

### ***Quality of Care***

21. How does the role of the CHW impact the quality of care provided in your practice?

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- a. How does the CHW role impact the following:
  - i. Patient care
  - ii. Coordination of services
  - iii. Staff time
  - iv. Use of resources (e.g., decrease the amount of duplicative tests)
- b. How does the CHW role impact quality initiatives?

### ***Overall Questions***

22. Is there an agreement in place between your facility and the referral facility to allow patient data sharing to enhance care coordination?
  - a. How do these agreements affect the delivery of care?
23. If you could design the ideal care coordination model, what features would it include and why?

### ***Summary Question***

24. Is there anything else you would like to share regarding how to improve care coordination for your patients?

Thank you for taking the time to share your experiences and ideas with us. We greatly appreciate your input.