

Provider Feedback for Chlamydia Prevention and Control Online Resources

National Chlamydia Coalition (NCC) Recruitment Screener

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NATIONAL CHLAMYDIA COALITION
2014 Telephone Focus Groups re Chlamydia Website Assessment

Recruitment Screener for Healthcare Providers (Mixed)

Background:

This study includes telephone focus groups with:

--primary care physicians (PCPs) (a mix of general practice physicians, family practice physicians, and internal medicine physicians who provide routine care for patient audiences for whom screening is recommended)

--nurse practitioners (NPs) and physician assistants (PAs) working in primary care settings

--RNs in primary care settings

Everyone must be doing some type of routine primary care – that is, *not* just acute or chronic care, walk-in or retail clinic care, hospice, mental health, academic research, etc.

DO NOT RECRUIT more than 1 provider from the same practice/company.

Group Day/Date: _____ **Group Time:** _____

Name, including title: _____

Address: _____
(where they want honorarium sent)

City: _____ **State:** _____ **ZIP Code** _____

Ask if this address is for primary practice. If not (e.g., if it's home or some other address) please ask for ZIP Code for provider's primary practice address: _____

Preferred phone # for confirmation call: _____

Phone # they expect to use for focus group call: _____

It's a good idea to have this so you can call them if they don't dial in on time.

It could very well be different from the # they want you to use to confirm their participation.

E-mail: _____

FLUENT ENGLISH IS VERY IMPORTANT: *Terminate if person's language or other speech characteristics would make him/her difficult to understand clearly during the group. This is extremely important for the audio quality as well as for the overall dynamic of the group.*

Hello, my name is ____ I'm with the National Chlamydia Coalition. The National Chlamydia Coalition is sponsored by the Centers for Disease Control and Prevention (CDC). You spoke with _____ about our upcoming focus group research with primary care providers. I'm very grateful for your interest.

As you may know already, this will be a one hour telephone focus group moderated by a professional focus group facilitator. In advance of the group, we will send you a case study about chlamydia screening with instructions for navigating the Coalition website to address very aspects of the case study regarding chlamydia screening. The focus group discussion will be about providers' feedback on some specific aspects of the site navigation experience and its content. Your input will help guide modifications to the site – please be assured, it will not in any way be an evaluation of your screening practices or web comfort. It is truly an assessment of our site – the Coalition's goal *[something about what you think the benefit will be for providers]*.

The group will include different types of providers in primary care settings, such as physicians, and [NAME profession of provider you're talking with – e.g., nurse practitioners] and/or other providers. Participants who complete the case study and participate in the one-hour focus group will receive a \$40 token of appreciation.

There will be 2 groups – so let's start there, to be sure that one of them will be an option for you. Then, I have a few questions to help make sure that we have a good cross-section of providers, regional areas, and practice settings.

The date and time options are: DATE/TIME OPTIONS:
_____ from _____ PM to about _____ PM

_____. Are you available at one or both of those times?

If not, perhaps ask if they would like to see the case study anyway, and invite them to send any thoughts they have at their leisure.

If yes: Great! I have some questions as I said, to be sure we have a good mix in both groups. I'll be talking to providers willing and available to participate this week, and will then get back to you no later than [DATE: _____] to confirm participation.

1. Note respondent gender from how they sound (do not ask):

[] Male [] Female

2. Let me confirm *[as appropriate for the call]*:

You are a [TYPE OF PROVIDER], correct?

____ Physician

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- Nurse Practitioner**
- Physician Assistant**
- Registered Nurse**

[If not, determine correct type.]

FOR PHYSICIANS: What is your primary specialty?

FOR OTHERS: What is the primary specialty of the practice you're with?

[Recruit a mix]

Do not read except to ask about sub-specialty if they say "Internal Medicine."

- Family Practice
- Pediatric Practice
- General Practice
- Internal Medicine:

Do you or your practice have a sub-specialty? (If yes, record response): _____

It's very possible some people will work in more than one setting. Perhaps have them answer for the practice or practices that are most relevant to patient audiences for chlamydia screening.

3. On average, how many hours per week do you currently spend in direct patient care?

[Terminate if fewer than 20 hours]

- 0
- 1 to 19
- 20 to 39
- 40 or more

For terminate: Oh, thank you so much for your interest. Because this is such a small study, we're going to focus on input from providers with a higher percentage of direct patient care. Would you like me to send you the case study for your own information?

4a. About what percentage of patients you *personally* see are [DESCRIBE AUDIENCE FOR WHICH CHLAMYDIA SCREENING IS RECOMMENDED] *[Terminate if fewer than 20%?]*

- 0%
- 1 to 19%
- 20 to 39%
- 40% or more

4b. How often do you personally provide any type of general wellness care such as routine physical exams and tests? *[Read options]*

- Often CONTINUE
- Sometimes CONTINUE
- Rarely TERMINATE
- Not at all TERMINATE

For terminate: See Q3

5. Are you currently serving as a clinical or research consultant to or as a board or advisory committee member?

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The purpose is to be sure you keep the group limited to providers who are NOT accessible through other channels.

Yes Terminate

No CONTINUE

For terminate: Oh, I'm so glad to learn you are Because the study is so small, we're going to limit the focus groups to providers whose input we may not be able to access otherwise, and then share results with groups such as yours.

6. How about for a pharmaceutical company's trials or products related to these?

Yes TERMINATE

No CONTINUE

For terminate: ?

7. Which best describes the setting or settings in which you practice?

*[OK if respondent works in more than one setting – **please note % of time in each**]*

[Recruit a mix; OK if not all categories are represented, but good to have a few.]

Private solo practice

Private single specialty group practice

Private multi-specialty group practice

Hospital **[exclude – this is not a routine care/screening practitioner]**

Government health facility such as a VA clinic, a federally qualified health center, or a county health department clinic [What type: _____]

Community health center

Retail or walk-in clinic **[ONLY if involved in routine care that may include chlamydia screening]**

Health Maintenance Organization (HMO) or Managed Care Organization (MCO)

No more than 1 per group from same MCO/HMO.

Limit is because they are guided by corporate policy, so will mostly say similar things about screening practice policies and procedures. This makes it more important for us to hear from providers in other settings.]

Hospice TERMINATE

Other (please specify): _____

8. Which of the following best describes the type of community where your primary practice is located? Try to recruit a mix

- Rural
- Suburban or small city
- Urban

9. About what percentage of your patient population would you say is: RECRUIT A MIX

Low income: _____

Middle income: _____

High income: _____

10a. Does your practice accept MEDICAID?

- Yes
- No
- Not sure

12. How many years have you been in practice? [Information only] _____

INVITATION:

Thank you for answering all of my questions. As I mentioned, we're convening two 1-hour telephone focus groups, with some advance preparation in the 2-3 weeks before the call that will take about [TIME for case study: _____]. The focus group discussion will be about providers' feedback on the experience of navigating the Coalition's website about chlamydia screening. [REPEAT anticipated benefit to providers].

I'd like to invite you to participate on:

_____ GROUP 1: _____ from _____ PM to about _____ PM

-OR-

_____ GROUP 2: _____ from _____ PM to about _____ PM

Record follow-up contact details in box on first page.

When you ask about phone numbers, please say:

Please be aware that for a telephone focus group, it is very important for you to be in a quiet indoor location, and preferably, on a land line. Ambient noise is greatly amplified. And you will need notes for the call that you take while you're navigating the website.

[FYI, the landline is not imperative, but the warning about QUIET LOCATION is very important. I have had people call in while they are in traffic commuting by bicycle. NO. And from children's sports games and graduations. NO.]

Then, in addition to thanking provider, note:

Because other colleagues of mine are talking with providers who have kindly expressed interest in participating, there is a possibility that we may accidentally over-recruit in some categories – for example, too many people from a particular region of the country. So, let me thank you in advance for understanding this possibility. We will contact you with a final confirmation no later than [DATE: _____]. Thank you for holding this time until then.

=OR= You could say the above, when you send out the case study, instead of risking offense by saying this is “tentative.”

LATER – for final confirmations:

We understand that as a healthcare provider, a lot can affect your schedule. If something comes up, please try to alert us in time to find a replacement. These groups are intentionally being kept small to accommodate interactive discussion, so a good turn-out is even more important than with larger or longer focus groups.

Add any details about your confirmation procedures, sending out directions, etc.