Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Key Informant Interview Guide

The key informant interviews (KIIs) are an essential component of the evaluation study, *AHRQ - Taking Efficiency Interventions in Health Services Delivery to Scale.* The KIIs provide insight into the delegate model and spread strategy from the individuals involved in implementation. The evaluation questions for the overall study are as follows:

- How was the spread strategy implemented?
- To what extent was the intervention "adopted" among provider teams and sites?
- Does the delegate model result in improved efficiency (as measured by panel size, cycle time, patient wait times for third next available appointments, ratio of 15 and 30 minute appointments, pre-visit laboratory work completed, and referrals to ancillary staff)?
- Does the delegate model result in improved provider satisfaction, team functioning, and patient satisfaction?
- What are the estimated net costs and resources required to implement the delegate model?
- What are the contextual factors that influence each of the above questions?

The KIIs are intended to address each question qualitatively from the perspective of those involved in implementation.

The first round of site visits will be conducted in September 2014 (assuming OMB clearance has been granted) during "stage one" of the spread process, and the second round of site visits will be conducted in June 2016 during "stage three" of the spread process. KIIs will be conducted with staff in each of the participating sites during two rounds of site visits, with key informants to include the Medical Director, Practice Director, members of primary care teams implementing the delegate model or associated with sites that have implemented the delegate model, and ancillary staff.

Site visits will be one day in length. The KII interview guide for these two rounds of site visits is below and identified as Key Informant Interview Guide - Site Visits.

A condensed version of the interview will be used for a 30 – 45 minute conference call with each participating site's Medical Director and Practice Director as an interim activity between the two site visits and to be conducted in September 2015 during "stage two" of the spread process (see Key Informant Interview Guide - Conference Calls).

- Stage One (January 2014-December 2014): Development of champion teams for implementation of the delegate model within each focal organization
- Stage Two (January 2015-December 2015): Focal organization spread
- Stage Three (January 2016-June 2016): Organization-wide spread through Penobscot Community Health Center (PCHC)

Key Informant Interview Guide: Site Visits

Note: Interviews will be conducted of Key Informants who are implementing the delegate model as well as Key Informants not implementing the delegate model.

For all KII participants:

Your participation in this survey is voluntary. The confidentiality of your responses are protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

Do we have your permission to conduct the interview? ❑ yes ❑ no

Future implementers (that indicate they have some knowledge of the model):

What do you know about the delegate model?

**If interviewee does not know about the delegate model or knows a very limited amount, interviewer will provide a high level description of it, and will only ask those questions of the following that are appropriate for what they know.*

How did you learn about it?

(Prompt for training, peers, Noah/Theresa, other.)

What would you say it is intended to accomplish?

Is it a model that you think would work within your site generally….your team specifically?

Why or why not?

Is it a model that you think would benefit patients?

Why or why not?

Is it a model that you think would benefit staff?

Why or why not?

What would have to happen for your site/team to adopt the model?
(Prompt for factors related to intervention characteristics, individual/team characteristics, organizational setting, champion, role of Noah/Theresa.)

For staff asked to implement, but who may have refused: What were the key factors influencing your decision not to participate in the delegate model?

If you were Noah and Theresa and trying to spread this model across PCHC's sites, how would you go about it?

Implementers:

How would you describe the delegate model?

What would you say it is intended to accomplish?

How did you learn about it?
(Prompt for training, peers, Noah/Theresa, other.)

What about it appealed to you specifically….what about it did not appeal to you?

Please describe the process of how you implemented the delegate model.

What are the key differences between what you do under the delegate model compared to what you did previously?

Prompt:	**Response/Example:**
Standing orders	
Pre-visit planning	
Pre-visit lab tests	
Prescription management	
Scheduling changes	
Clinic flow	
Paperwork/in-box	

Linkage with auxiliary staff	
Other	

If you were to start over from the beginning, would you do anything differently? What would you change about the model itself? What would you change about how it was implemented?

(Second round question only): How has the model been working? What ways (if any) has it changed since you started implementation?

(Second round question only): What are your thoughts on the sustainability of this model? Prompt for specific components they may keep, change, or discard.)

(Second round question only): Will your team continue to use this model? Why or why not? Will anything change about how you move forward with the model?

What are the key factors related to success/non-success of your implementation? (Prompt for factors related to intervention characteristics, individual/team characteristics, organizational setting, champion, role of Noah/Theresa, external environmental context.)

Has the delegate model influenced the way in which you work as a team? If so, in what ways? (Prompt: specifically for communication, problem solving, coordination, respect, role appropriate to training.)

Prompt:	**Response/Example:**
Communication (timeliness, frequency)	
Problem solving	
Respect	
Role appropriate to training	

Are there specific qualities in an MA that are required for the success of this model?

Are there specific qualities in a provider that are required for the success of this model?

Are there specific organizational attributes that are required for the success of this model?

What outcomes have you achieved through the model?

Prompt:	Response/Example:
Job satisfaction	
Working at top of license	
Size of provider panels	
Number of patient visits	
Scheduling	
Administrative tasks (providers)	
Coordination with auxiliary staff	
Patient satisfaction	
Quality of care	

To what extent do you think the delegate model influenced changes seen in quality improvement trends? (Site visit team to review quality improvement data before going on site.)

Is it a model that you think would work within your site generally….with all provider teams?
Why or why not?

Is it a model that works for all primary clinicians? All medical assistants?
Why or why not?

Is it a model that you think benefits patients?
Why or why not? Prompt for a specific example.

Is it a model that you think benefits staff?
Why or why not? Prompt for a specific example.

(First round question only): Early adopters often take on the role of "champions" of innovation. Would you consider yourself a "champion" for this model?
Why or why not?

Practice Directors and Medical Directors only: What costs were incurred during the startup of this model? What are the on-going costs? Do you think the costs are worth the benefits?
Why or why not?

If you were Noah and Theresa and trying to spread this model across PCHC's sites, how would you go about it?

Is there anything else you would like to add about the delegate model or about the spread of the delegate model?

Ancillary Staff:

Is there a difference in how you communicate/coordinate with teams that have the delegate model vs teams that are not using the delegate model? If so, what is different?

Is one method better than the other?
Why or why not?

Does this model make your job easier?
Why or why not?

How is it going? What is working and what is not working? (Prompt for any changes that were needed to adapt it to their team/setting.) In what ways, if any, have you modified the model to make it work better?

Do you prefer this to your prior way of working?
Why or why not?

Is there anything else you would like to add about the delegate model or about the spread of the delegate model?

Key Informant Interview Guide: Conference Calls

How is implementation of the delegate model going at your site?
(Prompt for number of teams involved or soon to be involved, interest in model.)

Within the implementing teams, what has been the experience?
(Prompt for specific examples of positive experiences and negative experiences.)

From your leadership perspective, what is your opinion of the value of the model?

What do you think are the key factors related to the success/non-success of the model?
(Prompt for factors related to intervention characteristics, individual/team characteristics, organizational setting, champion, role of Noah/Theresa, external environmental context.)

What costs were incurred during the start up of this model? What are the on-going costs? Do you think the costs are worth the benefits?
Why or why not?

What do you think are the key factors related to spread/non-spread of the model within your site?

Would you recommend the model to other Practice Directors/Medical Directors within PCHC?
Why or why not?

Would you recommend the model to other Practice Directors/Medical Directors in other primary care settings?
Why or why not?

If you were Noah and Theresa and trying to spread this model across PCHC's sites, how would you go about it?

Is there anything else you would like to add about the delegate model or about the spread of the delegate model?