

Attachment 7.a. Interviews Guide and Consent Form

**MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES
EVALUATION
STAKEHOLDER INTERVIEW GUIDE**

(Individuals who work directly with participants)

Roles may include:

1. Peer coaches,
2. Navigators,
3. Lifestyle coaches,
4. Health educators,
5. Hotline counselors,
6. Certified diabetes educators,
7. Dietitians,
8. Program teachers,
9. Participant motivators,
10. Outreach coordinators, and
11. Community liaisons.

Questions in blue are designed to be probes that will be asked when needed.

Introduction

Thank you for making time to speak with us today. We are researchers from Research Triangle Institute (RTI), International and the National Academy for State Health Policy (NASHP), evaluating the Medicaid Incentives for Prevention of Chronic Diseases demonstration.

In this discussion, we are interested in gathering your perspective on **program participants' satisfaction with aspects of your State initiative such as program access, program staff and materials**. We are also particularly interested in your perspective on the **effectiveness of program incentives on beneficiaries' health outcomes**.

Our evaluation is being funded by the Centers for Medicare and Medicaid Services (CMS). As a condition of participation, CMS expects state staff and program partners to cooperate with the evaluation team, but ultimately your decision to participate in this aspect of the study is voluntary. If you do not wish to participate in this interview or answer specific questions, please let us know immediately.

We believe there are minimal risks to you from participation, and every effort will be made to protect your confidentiality. We want to assure you that we will not quote you by name. We will use some quotes in reports, but quotes will not be attributed to an individual or his/her organization.

There are no direct benefits to you from participating in this study. But your insights will be used by federal and state policymakers as well as other Medicaid programs to improve the impact incentives have on chronic disease prevention and management among Medicaid beneficiaries as well as address the challenges involved in implementing an incentivized health prevention program. CMS along with RTI's Institutional Review Board (IRB) have reviewed and approved this research protocol.

Finally, we would like to record our conversation, to ensure our notes from today are complete. Do I have your permission to audio record our conversation today?

Are the remaining interview conditions OK with you? Do you have any questions before we begin?

Background

About the Respondent

1. What is your role in [name of State program]? For about how long have you been in this role? [NOTE NEED INTERACT WITH PARTICIPANTS 50% OF THEIR TIME & BE IN ROLE 1 YEAR OR LONGER TO BE ELIGIBLE.]
 - a. What are your main responsibilities in this role?
 - b. Overall, about what proportion of your time is spent interacting with participants?
2. What types of interaction do you have with participants (e.g. do you provide ongoing counseling or teach a class or serve as a resource when participants have questions)?

- a. In what contexts do you interact with participants (e.g. one-on-one counseling, class, training)?
 - b. How do participants typically contact you (e.g. via telephone, in person, as part of a group meeting, schedule an appointment)?
 - c. How frequent is your contact with each individual participant?
 - i. How, if at all, does the frequency of participant contact vary?
3. About what proportion of your time is devoted to work with <INSERT PROGRAM NAME>?
- a. What are your other responsibilities outside the [MIPCD program]?
 - b. Given your different responsibilities, would you say you have the time you need for the MIPCD program and to meet the needs of program participants? What are the challenges in terms of your different roles and responsibilities?
4. Have participants raised issues or concerns about the program?
- a. If so, what ways could they be improved?
 - b. In your opinion, how could [name of State program] facilitate this change?
5. What type of interaction/communication, if any, do you have with participant recruiters such as outreach coordinators, providers, and/or clinic staff?
- a. How often do you interact/communicate with program recruiters?
 - b. In what ways, if any, could communication between education and recruitment staff be improved?
6. *[For partner organization staff only]* How long has your [organization] participated in [name of State program]?

About the Program [OMIT IF DATA OBTAINED FROM PREVIOUS SITE VISITS ON THIS TOPIC IS SUFFICIENT.]

7. *[For partner organization staff only]* How did your [organization] become involved in [name of State program]?
- a. Was your [organization] recruited to participate in [name of State program]?
 - b. Did your [organization] respond to a solicitation such as an RFP to participate in [name of State program]?
 - c. Is your [organization] paid to participate in [name of State program]?

- d. what are the reasons your organization pursued this opportunity? What are the benefits to your organization?
8. Some State participants refer to the initiative by a name different from the official program name. Other than [name of State program], what names do you or participants use when referring to this program?
 - a. In your opinion, do you think participants will recognize the program as [name of State program]?
 9. In your opinion, can participants distinguish between [name of State program] and general health services provided by Medicaid?
 - a. Do participants recognize that they are in a special Medicaid incentive program?

Overall Participant Experience and Satisfaction

10. From your perspective, what have been the most successful aspects of the program in terms of participants’ experiences and satisfaction?
 - a. What key factors helped you accomplish this success?
11. From your perspective, what have been the most challenging aspects of the program in terms of participants’ experiences and satisfaction?
 - a. How has the [name of State program] addressed this challenge(s)?
 - b. Are there any challenges that still remain?
 - i. What can be done to address these remaining challenges?

Program Access

12. This section of questions focuses on beneficiaries’ experiences and satisfaction regarding access to <INSERT PROGRAM NAME>. That is, how easy or difficult it is for them to enroll in the program and participate in the program.

Enrollment

13. In your opinion, how would you describe participants’ satisfaction with the program enrollment process in your [classroom/organization/community]?
 - a. How do participants learn about the program? What is involved in enrollment? To what extent do participants find the enrollment process easy/difficult?
 - b. What are the main reasons beneficiaries enroll in the program? In your opinion, have participants been satisfied with the wait time between enrollment and program start time? [If not, what contributed to their dissatisfaction?]
 - c. In your opinion, what could be improved about the enrollment process?

- d. What steps (if any) is your organization taking (or planning to take) to improve the enrollment process?

Access Logistics

14. From your perspective, how would you describe participants' experiences and satisfaction with access to the program? To what extent do participants find it easy/difficult to access different program activities?
 - a. What factors facilitate access? What are the challenges?
 - a. Convenience of program hours and flexibility?
 - b. Convenience of program location?
 - c. Transportation?
 - d. Childcare options?
15. In your opinion, in what ways could [name of State program] improve its participant access to your [classroom/organization/community]?
16. In your opinion, how successful has [name of State program] been at retaining participants in your [classroom/organization/community] for the full duration?
 - a. What factors have contributed to this success?
 - b. Are there any major retention challenges that exist?
 - How are you or [name of State program] addressing these challenges?
 - c. Has retention been more effective with certain populations?
 - ii. What populations?
 - iii. What are the reasons?

Program Materials

17. What kinds of materials are provided to participants (note: refers to educational or content-focused materials, not enrollment materials)?
18. Did <INSERT PROGRAM NAME> develop new materials or materials tailored for <INSERT PROGRAM NAME> or is it using pre-made materials?
19. Overall, how would you describe participants' reactions to the materials?
 - a. What do they like/not like?
 - b. Find useful/not as useful?

- c. What would you say the challenges are related to program materials? How is [name of State program] addressing these challenges?
- d. Any challenges regarding availability of or participants' access to materials?
- e. How appropriate is the reading level of the materials?
- f. In your opinion, are the materials offered in languages participants' prefer?

20. In what ways do participants' use the materials to manage their health issues?

- a. What factors facilitate use of materials in this way? What are the challenges?
- b. What materials do participants' find most useful to manage their health issue?

Program Staff

21. How would you describe participants' experiences and satisfaction with the availability of program staff?

- a. How easily are participants able to get in touch with program staff when they want or need to?
- b. Generally how long does it take for program staff to respond to participants?
- c. What makes it easy for participants to contact staff? What are the barriers?
- d. In your opinion, what could be improved regarding participant/staff communication?

22. Are staff able to communicate with participants in their preferred language?

- a. Are interpreters used? How often? Describe the process.

Incentives

In discussing beneficiaries' satisfaction with the program, we would like to ask a few questions about program incentives. We recognize that you may have a limited role in administering incentives; however, we hope to obtain your opinion on the progress of this activity.

23. In your opinion, what role do the incentives play for participants in your [classroom/organization/community]?

- a. Do they assist with recruiting participants to your [classroom/organization/community]?
- b. Do they help motivate and retain participants in your [classroom/organization/community]?

24. In your opinion, is the incentive appropriate for retaining and motivating participants to engage in the program?
- a. How could the incentive be improved or increased if at all?
 - b. If [name of State program] were to stop providing incentives, what impact, if any, would this change have on retention and motivating participants?
25. In your opinion, is the incentive appropriate for motivating participants to change their health behaviors and/or achieve their health outcomes?
- a. How could the incentive be improved or increased if at all?
 - i. Timing of incentives
 - ii. Amount of incentives
 - iii. Level of effort to obtain incentives
 - iv. Physical access to obtain incentives (e.g., pick up area, mail in, etc.)
 - b. If [name of State program] were to stop providing incentives, what impact, if any, would this change have on retention and motivating participants?

Closure

Thank you. We are almost out of time but I have a few last questions for you today.

26. To date, what key lessons have you learned regarding participants' satisfaction?
- a. What advice would you give other [peer coaches/navigators/program teachers/motivators] participating in a similar type of program?
27. What changes to [name of State program], if any, do you plan to implement to increase participants' satisfaction before beneficiary participation ends in December 2015?
- a. Why have you or your staff decided to make these changes?
28. Is there anything else about [name of State program], that we haven't covered but that would be important for our team to know?

We appreciate your insights and they will ultimately help improve similar prevention programs and ultimately help reduce health risks and improve outcomes for Medicaid beneficiaries in the future.