#### Attachment 4.b. Round 1 & Round 2 Discussion Guide

## **Focus Group Moderator Guide**

Medicaid Incentive Beneficiary Satisfaction

Draft 1/3/2013

#### ITEMS IN GREEN ARE PARTICULARLY RELEVANT FOR SECOND ROUND OF INTERVIEWS

#### Welcome

#### **Introductions and Consent**

Good morning/afternoon/evening, thanks for joining us today. I'm \_\_\_\_ and I'm from RTI International, a not-for-profit research organization located in Research Triangle Park, North Carolina. Today we will be talking about your experiences with [INSERT PROGRAM NAME]. My role is to guide our discussion and to encourage everyone to share their thoughts and ideas. This focus group is being sponsored by the Centers for Medicare & Medicaid Services (CMS). It will last about 90 minutes.

#### [MODERATOR GIVES PARTICIPANT CONSENT FORM]

Here is a consent form to participate in the group. Take a moment to review it and then we will talk about it.

#### [MODERATOR GIVES PARTICIPANTS 5 MINUTES TO REVIEW]

The consent form states that you have agreed to be part of a discussion about your experiences related to this program.

You are joining this group because you want to, and you have the right to leave the group at any time if you have concerns.

To help us compile all this important information into a report, we will be audio taping this discussion and taking notes. Your identity will remain private and nothing you say here will be linked to you in any way. Your name, address, and phone number will not be shared with anyone other than project team members. When I write my report, I will not refer to you by name.

Most importantly, there are no right or wrong answers. We want to know your opinions and experiences with the <INSERT PROGRAM NAME>. The information you provide will be helpful for the federal government as it strives to improve the program in your state.

Do you have any questions?

### [MODERATOR PAUSES TO ANSWER ANY QUESTIONS]

If you agree to be in this discussion group, please sign the consent form. If you choose not to be a part of the group or have any questions you are unsure about please talk with [INSERT RTI TEAM MEMBER].

[COLLECT SIGNED CONSENT FORMS AND HAND OUT BLANK ONES] This is a blank copy of the form you just signed for you to keep and take with you for your information.

## **Focus Group Procedures and Logistics**

First, I want to review some general rules for our discussion today. We ask that you only use first names when addressing others or referring to yourself or others in your life. Also, as mentioned on the consent form you signed, we ask that you respect each other's privacy and do not share what is said in the group once it is over.

Let me explain our procedures for today. I have a set of questions that I will pose to the group that will help guide our discussion today. I want to ensure that everyone has an opportunity to participate, so I may interrupt from time to time to make sure everyone can share their thoughts and experiences. We will break the discussion up into sections. First, we'll do introductions and a warm-up activity about our health. Then each of you will have a chance to talk about your reactions to the program.

Any questions about anything I've gone over so far?

### [MODERATOR PAUSES TO ANSWER ANY QUESTIONS]

As a final reminder, please set any phone or other ringing devices to vibrate. If you need to take a call, please step out to do so and join us once you are done. The bathrooms are located [INSERT LOCATION]. We also have provided some refreshments, so please help yourselves.

## Warm-up

To get us started, I would like to go around the room and have each of you tell us

- Your first name
- What you would be doing if you weren't here [TODAY/TONIGHT]

## [MODERATOR PAUSES TO ALLOW TIME FOR INTRODUCTIONS]

Great, thanks for sharing. Next, I'd like us to do a warm-up activity to get you all thinking about your health. For the warm-up activity, I'd like you to think about one thing you do to take care of your health. In other words, something you would consider a good health habit and at the same time also think of something you do, or don't do, that you might consider is a not so good health habit. Then we'll go around the room and share our responses.

# [MODERATOR GIVES PARTICIPANTS ABOUT 2 MINUTES TO THINK ABOUT INITIAL IDEAS...]

Okay, I'm interested in hearing good health habits and not so good health habits. Who wants to go first? [ASK FOR EACH PARTICIPANT TO START WITH 'NOT SO GOOD THING' AND END WITH 'GOOD THING']

## **Focus Group Discussion**

#### Access

OK, now we are ready to begin the focus group discussion. You are all here because you have participated in the [INSERT PROGRAM NAME]. I'm going to ask a series of questions and everyone will have the opportunity to provide their thoughts and input. We'll be talking about your experiences with the program. Remember, there are no right or wrong answers. Your experiences may be similar or very different from others in the group. We want to hear about all types of experiences.

First, I'm interested in learning how, when, and why you became involved with the program.

#### OVERALL REACTION

1. I'm interested in hearing your overall thoughts about the program. What do you like about it?

PROBE: What do you dislike about it?

#### **ENROLLMENT**

2. Now, I would like you to think back to when you first signed up for the program. Tell me about your experience.

PROBE: How did you first hear about the program?

PROBE: Were you able to start this program as soon as you wanted to? Why or why not?

PROBE: Did you join right away or wait a while?

PROBE: What made you decide to join/enroll?

3. How long have you been involved with the program?

PROBE: How easy or difficult was it to join/sign up for the program?

#### PERCEIVED PURPOSE

4. In your own words, what would you say is the main purpose of the program?

#### FACTORS THAT AFFECT ACCESS

5. Over time, how easy or difficult has it been for you to be in the program? What I mean by be in the program is [INSERT STATE PROGRAM SPECIFIC ACTIVITY(IES) LIKE ATTEND PROGRAMS, CALL IN, GO ONLINE, ETC.]

PROBE: In what ways has it been difficult/easy?

PROBE: Have you thought about quitting/stopping the program? If yes, why?

#### ACCESS LOGISTICS

6. How happy or unhappy are you with the...

PROBE: Hours of operation?

PROBE: Location? Transportation?

PROBE: Childcare options

- 7. In what ways has the program staff helped you to make it easier for you to get started in the program?
  - 8. What about helping you to keep going to/doing program activities?"

PROBE: What has been the most helpful?

PROBE: What else could the program do to make it easier for you to participate?

9. Has this program helped your ability to manage your health issue? Explain why.

PROBE: Has this program hurt your ability to manage your health issue? Explain why.

PROBE [TOBACCO CESSATION GROUPS ONLY]: What about [INSERT CESSATION MEDICATIONS LIKE CHANTIX, NICORETTE GUM, ETC.]

## Reactions to Program Staff and Materials

Now we are interested in hearing your thoughts about the care you received as part of the program.

#### PROGRAM STAFF

10. Overall, what kinds of program staff do you have contact with?

PROBE: Are they lifestyle coaches, wellness coaches, or something else?

PROBE: How often do you have contact with them? Is this too frequent, not frequent enough, or just right?

PROBE: Is it by telephone, e-mail, in person, a class, other? Would you rather contact them a different way?

PROBE: How happy or unhappy are you with how easy/difficult it is for you to reach them? What makes it easy/difficult to connect with them?

11. Tell me about the program staff.

PROBE: Would you describe them as very helpful, somewhat helpful, or not at all helpful? Why?

PROBE: Is there something they do/offer that is particularly helpful to you?

PROBE: What do you wish they did more often? Less often?

# 12. [ONLY ASK IN NON-ENGLISH GROUPS] Were the staff able to communicate with you in your preferred language?

PROBE: Did you use an interpreter? Tell me about that experience.

## PROGRAM MATERIALS

13. What type of materials or information did you receive as part of the program?

PROBE: Brochures, pamphlets

PROBE: Website links

PROBE: Telephone counseling

PROBE: Peer counseling (talking with others in the program)

14. How helpful were the materials and information?

PROBE: What kinds of materials did you find most helpful?

PROBE: How did they help you regarding your health issue?

PROBE: Were materials available in your preferred language?

PROBE: If no, what language would you have preferred?

#### **Reaction to Incentive**

OK, let's move to benefits or rewards of the program.

#### **IDENTIFY INCENTIVES**

15. What rewards or incentives did you get, if any, for participating in the program?

PROBE: Cash or debit card

PROBE: A gift card

PROBE: Spending wellness account

PROBE: Supplies or medicine that can help you improve your health (for example, digital scale; nicotine replacement patch)

PROBE: Activities that can help you improve your health (for example, gym membership; Weight Watchers membership, counseling sessions)

PROBE: Transportation, childcare, or other support to help you participate in the program.

PROBE: Other

PROBE: IF NONE, Ask

#### PREFERENCES FOR INCENTIVES

16. How happy/unhappy were you with the rewards or incentives you received? Why?

PROBE: What did you dislike about them?

PROBE: Were you happy / unhappy with how often you received the rewards or incentives? Why?

PROBE: Higher or lower amount?

## PERCEIVED VALUE OF INCENTIVES

17. We are interested in hearing about how you receive your incentive. How did you "earn" the reward/incentive? That is, what did you do to get it?

PROBE: Was it too hard, too easy to earn the reward/incentive or just right?

PROBE: Were you able to earn all of the rewards or incentives? Why or why not?

PROBE: Tell me about the timing of the rewards/incentives. Were they given too often? Not often enough? Just right?

PROBE: Did you get them on time? Ever have delays or difficulty getting them?

18. [IF RELEVANT] Does the state send the incentive to you or do you have to physically pick the incentive up?

PROBE: How does this process work and have you had any problems with this process?

PROBE: Did you think the incentive process was fair? If not, why not?

PROBE: Would you change anything about the incentive process?

## IMPACT OF INCENTIVES

19. In what ways (if any) did the rewards/incentives motivate you or help you to improve your health?

PROBE: Help you set goals and stick to them?

#### PERCEIVED OUTCOMES

- 20. Since you have been involved in the program, what (if any) changes have you made in your lifestyle or health habits?
  - 21. In what way(s) has the program helped you with your health?

PROBE: In what way(s) did the incentives motivate and help you to make changes in your health?

## Wrap-up

I have two last questions for you today/tonight:

- 1. Would you/have you recommend(ed) the program to family and friends? If yes, why? If not, why not?
- 2. Would you sign up to do the program a second time? If yes, why? If not, why not?

Summary of focus group discussion

Thanks for participating in the focus group today and thanks for sharing your stories. Here is a quick recap of some of the things I heard:

[MODERATOR WOULD THEN HIGHLIGHT A FEW OF THE KEY POINTS THE PARTICIPANTS MADE DURING THE DISCUSSION TIME PERMITTING]

## Incentives

[MODERATOR WILL DISTRIBUTE INCENTIVES AND ASK PARTICIPANTS TO SIGN INCENTIVE RECEIPT]