

Submission under
0920-0572 Health Message Testing System

Attachment 3A: Provider Focus Group Guide

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Message Testing for High Impact Prevention Project

Provider Focus Group Guide

Objective and Task

Objective: To increase provider communication about HIV prevention strategies and to increase emphasis on preventing transmission.

Task Purpose: To test different messages for health care providers.

Data Collection

Setting: The focus groups will take up to one hour. A trained facilitator will moderate the focus group using the focus group guide. A note taker will take notes from behind the one-way mirror.

Consenting: Informed consent will be obtained by the facilitator at the beginning of the session.

Process: The focus group will comprise the following steps:

Welcome:

- **Welcome**—the focus group facilitator will welcome the participants and explain the purpose of the focus group.
- **Informed Consent**—the facilitator will briefly review the consent form and obtain the participant’s informed consent.

Warm-up: Brief information on basic information on provider’s practice.

I. Welcome (5 minutes)

Thank you for coming here today. Your participation is very important. I’m _____ and I’m from RTI, a non-profit research organization. The Centers for Disease Control and Prevention (CDC) is sponsoring this research. The purpose of this focus group is to get your opinion on communication messages about [INSERT TOPIC HERE]. Therefore, we will be asking you questions about patients and [INSERT TOPIC HERE]. Your insights today are very important as they will help inform the development of the [INSERT HERE] for providers that will be used in [INSERT HERE]. We really appreciate your time today. We will have about 1 hour for our discussion.

You completed a consent form prior to completing the survey. Again, the consent form states that you have agreed to be part of a study about HIV and your participation is voluntary. Do you have any questions about the information on the form before we begin our discussion?

Before we begin, I want to review a few ground rules for our discussion.

- Your participation is voluntary and you have the right to withdraw from the study at any time. You may choose not to answer any questions that you do not wish to answer.
- You have probably noticed the microphones in the room. They are here because I am audio taping [if applicable: and we have a live video stream]. At the end of today’s discussion, I have to write a report. I want to give you my full attention and not have to take a lot of notes.
- Behind me is a one-way mirror. Some of the people working on this project may be observing this discussion so that they can hear your opinions directly from you. [If applicable] Members of CDC staff are watching via a live video stream.
- Your identity and anything you personally say here will remain confidential. Your name, address, and phone number will not be given to anyone, and no one will contact you after this focus group is over. Focus group notes will be kept secure and separate from identifiable information.
- In addition, we’ll be talking to many people and writing a summary report based on all our findings. When we write the report, we will look at the results of the focus groups collectively, not individually. We will not refer to you by name in the report.
- Be sure to only use first names during the discussion. Please do not use your last name. Also, if you bring up a friend or other person you know as an example in our discussions, please do not use their last name either. So, whenever you mention a name, it should only be a first name and never a last name.

- If you need to go to the restroom during the discussion, please feel free to leave, but please return as soon as possible.
- The informed consent has contact information for the project director, in case you have questions about the study, and RTI's Office of Research Protection, in case you have questions about your rights as a participant.
- Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the materials we will be discussing. I do not work for the people sponsoring this research and I did not develop any of these materials, so don't hold back on giving me your honest opinions.

➤ Do you have any questions before we begin?

II. Warm up (5 minutes)

I would like to begin our discussion by a little time getting to know one another. Please share your:

- first name
- number of years in practice
- Type of practice (e.g., Private, clinic, etc.)

How about your patients?

[Probe as needed for:]

- age
- race
- ethnicity
- gender
- sexual orientation
- socioeconomic status
- type of insurance (Medicaid/Medicare or private insurance or self-pay)
- number of HIV positive patients
- number of HIV positive patients diagnosed a year

III. General Questions

Now, let's switch gears and talk about your exposure to HIV prevention messages.

1. In the past 12 months, have you seen or heard any messages for healthcare professionals about HIV prevention counseling for HIV-negative or HIV-positive patients?

IF YES PROBE: In your own words, would you please summarize what you remember from those messages? (You can mention anything you would like, including the main ideas or even pictures or graphics that you remember.)

Presentation of [INSERT MATERIAL TYPE]

Now I would like to show you X [INSERT MATERIAL TYPE] that are meant to present information to providers about [INSERT TOPIC HERE]. These [INSERT MATERIAL TYPE] are [INSERT HERE] that provide a [INSERT PURPOSE HERE].

I'll show you a [INSERT MATERIAL TYPE] and then we'll discuss it. We will repeat this same process with each of the X [INSERT MATERIAL TYPE]. For now, I would like you to avoid comparing the [INSERT MATERIAL TYPE]. Instead, consider each [INSERT MATERIAL TYPE] based on its own merits.

[Facilitator: Alternate the order that you present the [INSERT MATERIAL TYPE] across focus groups]

[Facilitator: Repeat the next set of questions for each of the X [INSERT MATERIAL TYPE]]

2. What is your initial reaction to this [INSERT MATERIAL TYPE]?
Probe: How relevant is the [INSERT MATERIAL TYPE] to you as a provider?
3. What do you like about this [INSERT MATERIAL TYPE]? What do you dislike?
4. What are the strengths of this [INSERT MATERIAL TYPE]? What are its weaknesses or challenges?
Probe: Are there any words or phrases that you object to or don't like?
5. Is there anything about the [INSERT MATERIAL TYPE] that is confusing or unclear?
6. Is there any particular part of this [INSERT MATERIAL TYPE] that you think is critically important?
If so, which? Why?
7. What could be added or changed about this [INSERT MATERIAL TYPE] to make it stronger or more motivating?

Probe: Is there any key piece of information that you'd need to be added to this [INSERT MATERIAL TYPE] before you'd use it with your patients? What is that?
8. What could be done to improve this [INSERT MATERIAL TYPE]?
 - a. **PROBE:** Do you think there are any prevention strategies that should be included in these [INSERT ITEM HERE] that we have not included or that deserve more emphasis?
 - b. **PROBE:** Was the appropriate level of science referenced in [insert item here] for providers?
9. [If applicable] What do you think of the [INSERT MATERIAL TYPE]?
 - How does what you see affect you?
 - Would you describe the visual as powerful? Why/why not?
 - Is the image distinct or does it remind you of something you've seen before? [if appropriate] What does it remind you of?

➤ Do you think you would remember the image later? Why/why not?

10. [If applicable] How well does the text relate to the image? Why do you say that?

11. What impact would this [INSERT MATERIAL TYPE] have to convince or encourage you to make discussing [insert topic here] a routine part of care? How?

Probe: If you saw this in a journal would you stop and read it?

VI. Ranking of [INSERT MATERIAL TYPE]

Now that we have had a chance to review and discuss the X [INSERT MATERIAL TYPE] for encouraging you or your patients to [INSERT BEHAVIOR/STRATEGY/ACTIVITY HERE], please think about which [INSERT MATERIAL TYPE] is the most motivating to you.

12. If you were to rank the X [INSERT MATERIAL TYPE] from most to least motivating at [INSERT BEHAVIOR], which would you rank as most motivating at [INSERT BEHAVIOR]? What is it about this [INSERT MATERIAL TYPE] that you find most motivating?

13. Which would you rank as least most motivating? Why is that?

14. Which [INSERT MATERIAL TYPE] [INSERT DESCRIPTOR]?

18a. What made you choose that [material or descriptor]?

Usability

15. Are these [INSERT MATERIAL TYPE] something that you would find useful for yourself? Other staff you work with?

PROBE: After reviewing the [INSERT MATERIAL TYPE] how confident are you in your ability to implement the recommendations provided?

PROBE: How could it be improved to make it more useful for providers such as yourself?

Use

16. For clinical/professional purposes, how would you prefer to access these [INSERT MATERIAL TYPE] (electronically via desktop, laptop, or tablet; through mobile application; or hard copy)?

17. How do you think most providers would like to access these [INSERT MATERIAL TYPE]?

18. You mentioned you'd like to receive these types of [INSERT MATERIAL TYPE] in [INSERT FORM] form for your own provider use. We are interested in hearing about what you currently use with your patients. What devices, if any, do you currently use during patient consultations?

PROBE: Smartphones, lap tops, desktops, tablet? Do you think one is more useful or effective than another?

Patient [INSERT MATERIAL TYPE]

These next [INSERT MATERIAL TYPE], unlike the others we have talked about today, these are written for patients. I would like you to also take a look at them and tells us what you think.

19. What are your overall reactions to these [INSERT MATERIAL TYPE]?

PROBE: In general, are the [INSERT MATERIAL TYPE] written at the right reading comprehension level for your patients? Too simple? Too difficult?

PROBE: What about the [POINT TO RISK ESTIMATE] risk estimates? How would your patients interpret this risk?

PROBE: How credible would you say the [INSERT MATERIAL TYPE] are?

PROBE: How would you use them in your practice?

Content – Patient [INSERT MATERIAL TYPE]

20. What do you think about the content of the [INSERT MATERIAL TYPE]?

PROBE: Is there anything missing? Is there anything that needs to be added? Is there anything that needs to be deleted? Is there anything that is offensive? Anything potentially stigmatizing?

PROBE: Is the information included here too simplistic, too complicated or just right.

Dissemination Preferences

OK, now I'd like to ask you about ways to best communicate to providers.

21. What would be some good ways for CDC to share information about [INSERT TOPIC HERE] with you and your colleagues?

(Probe first and then hand out the list)

Please select the top 5 ways that you would like to receive information about [INSERT TOPIC HERE].

List of possible tactics

- Mailing
- Fax
- Email
- Web site
- Medical journal advertisement
- Rx pad ads
- Medical meeting exhibit
- Medical conference symposium
- Clinical update courses at local or regional hospitals
- CME course (in person)
- CME course (online)
- CME course (by mail)
- Article in medical journal
- Professional association publication

Which association? _____

- o Other _____
22. Are there particular [INSERT MATERIAL TYPE] that you think would help facilitate providers [INSERT BEHAVIOR/STRATEGY/ACTIVITY HERE]? What are they?
23. Are there any other [INSERT MATERIAL TYPE], apart from the ones we've discussed, that would be helpful?

IX. Close (5 minutes)

Okay, we are pretty much out of time. Do you have any last thoughts?

Excuse me for one moment while I see if the people observing have any questions that I have not asked. I will be right back.

I would like to thank you for coming today and providing important feedback to CDC. This has been very useful in helping us to develop messages about [insert topic here] for providers to discuss with patients a routine part of care.

AT THE END OF THE FOCUS GROUP, THE FACILITATOR SHOULD HAVE FOR EACH PARTICIPANT:

- (1) RESCREENER
- (1) Brief Survey Instrument
- (1) SIGNED CONSENT FORM