

“Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers”

**Attachment 4c: Exploratory Testing Guide
HIV Prevention: HIV Testing & PrEP**

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I. Welcome

Thank you for coming here today. Your participation is very important. I'm _____ and I'm from _____ (insert contractor name). The Centers for Disease Control and Prevention (CDC) is sponsoring this research. The purpose of this interview is to hear about your experiences delivering care to people at risk for HIV. Your insights are very important to us and your time today is appreciated. We will have about 1 hour for our discussion.

[INTERVIEWER GIVES PARTICIPANT THE CONSENT FORM] Here is an informed consent form. Take a moment to review it and if you agree to it, please sign it.

[Interviewer gives participant 5 minutes to review and sign consent form]

- The consent form states that you have agreed to be part of a study about HIV.

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 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 are observing this discussion so that they can hear your opinions directly from you and take notes so that your opinions are accurately captured. [If applicable: Members of CDC staff are watching via a live video stream]
- Your identity and anything you personally say here will remain private. Your name, address, and phone number will not be given to anyone and no one will contact you after this interview is over.
- The informed consent has contact information for the project director, in case you have questions about the study or 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 issues we will be discussing. I do not work for the people who are sponsoring this research, so don't hold back from giving me your honest opinions.
- Please turn your cell phone or beeper to vibrate or silent mode. The interview will last no more than 1 hour.

- If you need to go to the restroom during the discussion, please let me know.
- Do you have any questions before we begin?

II. Warm up

1. I would like to begin our discussion by asking you to introduce yourself and tell me:
 - your first name
 - number of years in practice
 - professional affiliations (HIV Medicine Association (HIVMA); American Academy of HIV Medicine (AAHIVM); American College of Physicians (ACP) American Academy of Family Physicians (AAFP); Society for General Internal Medicine (SGIM); National Medical Association (NMA); and National Hispanic Medical Association (NHMA); state and local organizations)
 - a description of your practice (size, number of patients with HIV seen per month)
 - your patients' insurance coverage (Medicare, Medicaid, HMO, private insurance, self-pay)
 - about the patients you see in your practice (men, women, transgender, diverse populations, age range)

III. Questions

Screening

I'd like to start off by asking you some questions to get a sense of how HIV screening and testing are handled in your practice.

2. In your practice, how do you screen patients about their behavioral risk factors for HIV?
 - If questionnaire, describe the origin of your behavioral risk assessment questionnaire: Did you create it? Did you order it? From where?
 - What are the **behavioral** risk factors you screen for? (If the term "high risk behaviors" is used, probe: How do you define "high risk" behaviors when screening patients? Do you think your patients understand this term?)
 - How well do you think your screening method works (e.g. does it do a good job at identifying patients at risk, do patients feel comfortable with the screening)?
 - How often do you screen your patients (i.e., first visit only, annually, every visit)?
 - What tools would help you to screen patients during every visit to identify candidates for HIV testing? (If necessary, probe using the alternative wording "patient educational materials" or "educational aids" in place of "tools.")
3. Are there things that prevent you from screening patients for behavioral risk factors at your practice? What are they?
4. How do you decide which patients to screen?
 - Are there any groups you exclude from screening?

5. What are the benefits you associate with screening patients for behavioral risk factors?
6. What are some of the challenges in screening patients for behavioral risk factors for HIV?
 - How have you or could you overcome these challenges?

Knowledge of HIV Testing Recommendations

Now I'd like to talk about testing for HIV in your practice.

7. What are the current recommendations for HIV testing that you follow?
8. Where do you currently get your information on HIV testing?
 - What is the format and frequency of the information?
 - How do you prefer to receive information about HIV testing recommendations? (Probe: Internet, mail, continuing education, professional associations, CDC communications, health department training, journals, other?)
9. What do you think of the information that is available on HIV testing recommendations? Are they helpful or useful to you as a provider?
 - Is the information sufficient to meet your information needs?
 - Why or why not?
 - What would make them more useful?

HIV Testing

10. Please walk me through how HIV testing is handled in your practice?
 - What kind of tests are offered? (e.g., RNA test; blood, oral fluid, or urine immunoassay; rapid testing)
 - [If they offer RNA testing] How do you decide whether to conduct RNA testing or not?
 - How do you handle communicating test results, both positive and negative?
 - What are the next steps for each? (Do you refer HIV-positive patients to a community HIV/AIDS organization?)
11. What percentage of patients who are tested do not return for the results?
 - If a patient does not return for a scheduled appointment to get their results, how do you follow up?

Communicating with Patients about Risk Reduction

I'd now like to talk to you specifically about how you communicate with your HIV-negative patients about HIV and ways they can protect themselves.

12. How confident/comfortable do you feel talking to patients about [insert topic such as sexual and substance-use related risk behaviors and ways to decrease acquisition risk]?

13. What do you say to encourage your patients to [insert topic such as reduce sexual and/or substance-use related risk factors]?
 - (If “I don’t talk to patients about this”) Why don’t you talk to patients about this?
 - How does your conversation differ for a patient who continues to engage in high-risk behaviors vs. someone new to your practice or who recently initiated high-risk behaviors?
14. What kinds of resources or tools do use to talk to patients about [risk reduction]? (E.g., brochures, videos, etc.)
 - What do you like about these resources/tools?
 - What would you change?
 - Or is there a health educator on staff in your practice?
15. What would make you feel more equipped to talk to patients about risk reduction? (Probe for trainings, tools to use with patients, online information, continuing education, brochures, videos, etc.)
 - What resources would you want for your patients who are newly diagnosed?
 - What types of professional development would help you?
 - What types of materials or resources could you use to support [insert topic such as risk reduction, importance of linkage to and retention in clinical care]?
16. In your experience, which population subgroups face the greatest challenges in [insert topic such as reducing risk and sustaining risk-reduction behaviors]? (Probe for differences in race/ethnicity, sexual orientation, gender, age, etc.)
17. In your opinion, what factors prevent patients from [insert topic such as reducing risk and sustaining risk-reduction behaviors]?
18. Have you ever heard of CDC’s [Prevention is Care, Treatment Works or other] campaign for [health care providers or patients]?
 - If yes, have you used any of the materials from the campaign Website? If no, why not?
 - What do you think about the campaign materials?
19. Generally, what messages do you think would encourage people living with HIV to reduce sexual and substance-use related risk behaviors?

PrEP

Now we’re going to switch gears and talk about the new guidelines for pre-exposure prophylaxis, or PrEP, and your experiences prescribing PrEP.

20. Are you aware of the new clinical practice guidelines for pre-exposure prophylaxis, or PrEP?
 - [If yes] Where did you learn about the new clinical practice guidelines for PrEP
21. [If yes] What do you think about the new PrEP guidelines?

- Do you agree with the guidelines? Why or why not?
 - Do the guidelines include enough information to help you figure out whether PrEP is appropriate for your patients? If no, what's missing?
 - What would make the PrEP guidelines easier to understand?
22. Do your clinicians in your practice prescribe PrEP?
- [If no] Why not?
23. [If yes] How confident/comfortable do you feel talking to patients about PrEP?
24. What do you say to encourage your patients to consider PrEP?
- [If "I don't talk to patients about this"] Why don't you talk to patients about this?
25. What kinds of resources or tools do use to talk to patients about PrEP? (E.g., brochures, videos, etc.)
- What do you like about these resources/tools?
 - What would you change?
26. What would make you feel more equipped to talk to patients about PrEP? (Probe for trainings, tools to use with patients, online information, continuing education, brochures, videos, etc.)
- What types of professional development would help you?
 - What types of materials or resources could you use to help you figure out if PrEP is right for one of your patients?
27. Based on your experience, what are some of the barriers to patients taking PrEP? (Probes: Cost, having to take it daily, don't think they're at risk, etc.)
28. How do you think these challenges could be overcome?

Influencers and Decision-Making Practices

The next few questions are about the decision to implement a new recommendation.

29. What organizations or individuals influence you when it comes to adopting new clinical recommendations (if several, probe for most influential)?
30. What are the steps involved in implementing a new recommendation in your practice?
- How do you decide to adopt a new recommendation?

IV. Closing

Okay, we are pretty much out of time.

31. Do you have any last thoughts?

[MODERATOR WILL CHECK WITH OBSERVERS FOR ADDITIONAL QUESTIONS OR COMMENTS.]

I would like to thank you for coming here today and working hard on this. This has been very useful in helping us to inform future HIV information, education, and communication efforts.