## Att. 3: Example I-Catalyst Interview Protocol Guide and Questions

**Background Information**: Respondents cannot be promised confidentiality but interviewers will advise them that opinions and impressions they provide during the interviews will be used only for analyzing the general trends and directions of strategic planning, implementation, collaboration and partnership development within their respective programs. Individual respondents will not be identified in study reports except with their express permission. The information they provide will be kept secure unless required by the Freedom of Information Act or necessary for litigation or legal proceedings.

Public reporting burden for the collection of information is estimated to average 30 minutes per response, including the time for discussing the procedures for the interview and responding to the questions. The obligation to respond is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Centers for Disease Control and Prevention, Office of Associate Director for Science, Office of Technology and Innovation, Attn: D-74, 1600 Clifton Rd, Atlanta, GA 30324. OMB 0920- XXX

*The customer informal interview questions are outlined below. The first section includes only the overarching general questions for each team. The second section includes more detailed questions and/or probes specific to teams with different customers/stakeholders.*

**General Interview Protocol Guides and Questions**

**Interviewer to Respondent**: Thank you for participating in this data collection effort. We will use the opinions and impressions you provide only for analyzing the general trends and directions of strategic planning, implementation, collaboration and partnership development within your respective region and across regions. You will not be identified in any published reporting. **However, you should understand that we cannot promise confidentiality of the information you share with us due to our need to comply with provisions of the Freedom of Information Act and also in the event of unlikely but possible litigation or legal proceedings.** Now let us proceed. Hi, my name is …Thank you for your time. I know you are busy, I only need a few minutes. I'm from CDC working on a project, and want to ask some questions to learn more about you and your (program, corporation, industry…)

Tell me about yourself…

- What do you do?
- How does that work?
- What problems do you face? Is that a big problem? Why?
- How do you resolve it today?
- How much of an inconvenience is that? Oh, that is interesting, tell me more. Why is that?
- Ask how they do their jobs; Ask about the specific steps they take to accomplish the job.
- What tools are required?
- End with who else should I talk to?

By the way, we are working on project in the area of… (tell them a little bit about your project and possible solution).
Thank you for your time.

**Team Specific Interview Protocol Questions for Cohort 1**

Team 1:

1. How did you know that your users needed this product?
2. Tell me about your process in deciding to create this product?
3. How did you incorporate user research into your determination?
4. Tell us your process for conducting user research?
5. What information, if any, would be helpful to conduct user research?
6. How can we help?
7. Tell us if/how the sprint affected your project?
8. What did you learn during the process that wasn't clear before?
9. How would the end product look if you hadn't completed a sprint?

Team 2:

1. What types of tools has your program developed?
2. How long did it take to develop each type of tool?
3. What do you think would have helped you develop these tools faster?
4. Have other programs within CDC used your tool or tool template?
5. If no, could your tool/template be shared or used for another disease or injury process?
6. Did you think about the potential of using your tool/template for other disease or injury processes?
7. How have you measured adherence to clinical guidelines for your program's focus?
8. Do the clinicians who follow the clinical guidelines that your program developed feel they are clear and specific?
9. How did you determine that a CDS tool would be a value add for the clinical guidelines they support (vs. not developing a tool for certain guidelines)?
10. How have CDS tools helped you select a course of treatment for your patients?
11. How often do your patients return with similar symptoms after you've selected a course of treatment?
12. Are there examples of how CDS tools have helped you determine the best of course of treatment for your individual patient when there are multiple treatment options available?
13. How do you measure improved outcomes in your patients?
14. How do you think the CDS tools helped lead to improved outcomes in your patients?
15. What would your approach be for improving patient outcomes without using CDS tools?

Team 3:

1. What is your personal experience with rabies control?
2. Do you personally use or recommend parenteral rabies vaccines?
3. Are you familiar with efforts to control rabies in wildlife?
4. What experience do you personally have with treating dogs for ectoparasites?
5. What methods do you think are best to use?
6. What are the problems with these methods in your view?
7. Do you know anyone who had RMSF?
8. What ticks are associated with RMSF?
9. Is RMSF easily treated?

Team 4:

1. How do you measure improved outcomes in your patients?
2. How do you think the CDS tools helped lead to improved outcomes in your patients?
3. What would your approach be for improving patient outcomes without using CDS tools?
4. Tell me about the mission of the state program
5. What are the priorities of the state programs?
6. How are the priorities chosen?
7. Has state Medicaid cost for asthma decreased?
8. What asthma services does Medicaid reimburse?
9. Is cost important for your state program?

Team 5:

1. How many people are employed to do each test, where are testing sites located and what resources are required to increase efficiency?
2. How much of your budget is allocated for disease surveillance and where will allocation be distributed in the future?
3. How would the lab's operations differ if they have a multi-disease detection tool?
4. What are the current advantages of you tool? What are the limitations to your tool? How easy is the tool to use?
5. What diseases do patients present? What diseases do you routinely treat that could have been detected earlier?
6. What diseases do you currently have surveillance in place for?
7. How do patients follow up with all lab tests done?