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**CAHPS PCMH Items QI Demonstration Study
Recruitment Script, 1/11/2017 version
INITIAL CALLS WITH OFFICE MANAGER, PRACTICE MANAGER**

**WHEN CONDUCTING INITIAL CALLS WITH SITES TO SPEAK WITH OFFICE MANAGER/ CLINIC
MANAGER/NURSE MANAGER AT SITE:**

INTRO WHEN PERSON ANSWERS

Hello, my name is _____ and I'm calling from the RAND Corporation, a research firm. May I speak with Mr./Ms. ____ (OR OFFICE MANAGER OF {PRACTICE NAME})?

OBTAIN AS MUCH INFO FROM RECEPTIONIST/PERSON ANSWERING PHONE.

TO OBTAIN INFORMATION FOR THE PRACTICE CHARACTERISTICS FORM:

ONCE YOU ARE SPEAKING WITH OFFICE MANAGER/CLINIC MANAGER/NURSE MANAGER:

We recently sent (_____) from your practice a letter about the CAHPS PCMH Items QI Demonstration Study. We are hoping to set up an interview with a clinical leader identified with your practice's National Committee for Quality Assurance (NCQA) PCMH Recognition. We have the following physician name(s) (_____).

At this time, we are calling sites to help us with this component of the study.

Q1- First of all, are you the main person who would be able to answer a few brief questions about your practice such as staffing, patient mix, specialties, and use of any patient experience surveys?

YES → That's great. → GO to Q2

NO → Who is best person whom I should speak with?

Q2- Would it be possible for me to ask you those questions now?

Those questions should take about 5 minutes to complete.

YES → PROCEED WITH PRACTICE CHARACTERISTICS QUESTIONS (OMB Attachment B) (**ONCE QUESTIONS ARE COMPLETE, RESUME AT Q3 ON NEXT PAGE**)

NO → SET UP TIME THAT IS BEST FOR PERSON

Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0XXX, expires XX/XX/20XX), AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

IF TRYING OT SET UP APPOINTMENTS WITH MDS OR TO LEAVE MESSAGES AS FOLLOW-UP TO LETTER MAILED/FAXED TO MD:

Q3- Based on the records we received from NCQA, the following provider(s) were identified as the main clinical leaders at your site who were involved in the NCQA PCMH Recognition process. We have listed (PROVIDER NAME (S)).

I have a few questions about this/these provider(s). First, could I confirm the contact information that I have for he/she/them?

REVIEW CONTACT INFO AND OBTAIN:

MD PHONE NUMBER
MD EMAIL
MD FAX
MD MAILING ADDRESS

Q4- We recently sent (MD NAME (s)) a letter/fax regarding the PCMH Items Demonstration Study. We'd like to confirm that he/she/they has/have received it.

--Do you know if he/she/they has/have received it?

--Can you ask (MD NAME) if he/she/they has/have received it?

NO -- I'd like to fax another copy of the letter. May I have your fax # to send it? OBTAIN FAX # TO REFAX, MAIL OR E-MAIL

Confirm who should receive this letter (apart from MD in the practice).

Q5- Lastly, may I speak with (PROVIDER NAME) to tell him/her a little bit about the provider interview and set up an appointment with him/her? Or should I work with you (or someone else) to be able to set up an appointment with him/her? Or can I leave a message for {Provider Name}

Q6-Is there someone else that was a clinical leader involved in your practice's NCQA PCMH Recognition process that I could contact regarding the interview? IF YES, What is their name and contact information?

DOCUMENT FIRST LAST NAME AND CONTACT INFO:

FIRST AND LAST NAME
PHONE NUMBER
EMAIL
FAX
MAILING ADDRESS

LEAVE MESSAGE

TELL THEM YOU WILL FOLLOW UP WITH THEM IN X DAYS TO FIND OUT IF MD GOT LETTER/FAX AND WHAT HIS/HER REPSONSE WAS

THANK YOU FOR YOUR TIME TODAY