

**CAHPS PCMH Items QI Demonstration Study
Recruitment Script, 1/11/2017 version
TO BE USED TO RECRUIT/SCHEDULE INTERVIEWS**

INTRO1:

A) IF SPEAKING WITH RECEPTIONIST (NOT OFFICE MANAGER)

Hello, my name is _____ and I'm calling from the RAND Corporation, a research firm. May I speak with _____ (or Dr. A, Dr. B, or Dr. C). I am hoping to set up an interview with a clinical leader who was involved in your practice's NCQA PCMH Recognition process.

B) IF SPEAKING WITH ANOTHER PERSON AT SITE (NOT PROVIDER):

We recently sent him/her a letter about the CAHPS PCMH Items QI Demonstration Study. At this time, we are hoping to speak with _____ to schedule an interview with him/her. Is _____ available now?

YES → GO TO ***INTRO3***

NO → PROCEED TO FIND OUT BEST TIME TO CALL, LEAVE MESSAGE WITH NAME, PHONE NUMBER AND LET THEM KNOW YOU'LL FOLLOW UP IN X DAYS IF YOU HAVE NOT HEARD BACK. (BE SURE TO GET NAME OF PERSON SPOKE TO)

Public reporting burden for this collection of information is estimated to average 5 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.

INTRO2:

IF SPEAKING WITH OFFICE MANAGER, NURSE MANAGER (AS PART OF COMPLETING THE PRACTICE SITES INFORMATION SHEET)

We recently sent your site a letter regarding the Patient Centered Medical Home (PCMH) item QI Demonstration Study. Dr. (A), Dr. (B), Dr. (C) have been identified as involved in your practices' NCQA PCMH Recognition process. We would like to schedule a phone interview with one of these clinical leaders if possible.

Intro2a. Did he/she receive that letter? (Do you know if (Dr. A/B/C or NAMED PERSON) received the letter?

YES → GO TO Q2

NO → "can you please provide me with best fax #/ email to send this to you.

NOTE TO RECRUITER: WE SHOULD FOCUS ON MDS ON LIST IN ORDER OR LISTING.

FAX/MAIL COPY AND LET PERSON KNOW THAT YOU WILL BE FOLLOWING UP ON (DATE) TO CONFIRM RECEIPT AND ALSO GET RESPONSE FROM MD.

INTRO3 (SPEAKING WITH NAMED PERSON ON LIST):

We recently sent you a letter regarding the Patient Center Medical Home (PCMH) item QI Demonstration Study. At this time, we are contacting you since you were involved in your practice's NCQA PCMH Recognition process. We'd like to invite you to participate in a 40-minute phone interview with one of our RAND researchers. You will get \$75 for completing that interview. In addition, we'd ask you to complete a brief PCMH assessment tool, which takes about 10 minutes to complete. You would get an additional \$75 for completing that assessment form.

Intro3a. Did you receive that letter?

YES → GO TO Q3

NO → "can you please provide me with best fax #/ email to send this to you.--> GO TO Q3

AS NEEDED:

The goals of the QI demonstration are to:

- Understand your site's choice of specific items on your patient experience survey tool
- Understand how practices use their patient experience data during PCMH transformation,
- Identify the value in gaining NCQA Recognition and CAHPS Patient Experience Distinction
- Examine the effects of changes made during PCMH transformation on patient experiences reported on CG CAHPS survey and any PCMH items
- Study the association of PMCH and patient experience scores

Q2- **(IF RN OR RECEPTIONIST OR OFFICE MANAGER ON THE PHONE):**

Are you able to work with me to schedule an interview with this provider?

YES—PROCEED TO GIVE INFO ABOUT PERSON WHOM YOU PLAN TO INTERVIEW

IF 1 PERSON: I'd like to schedule an interview with _____.

IF > 1 PERSON: The following clinical leaders have been identified as involved in the

PCMH recognition process. I'd like to see if [NAMED PERSON] would be interested/available for an interview.

NO → TRY TO FIND OUT REASON FOR REFUSAL. SEE IF YOU CAN SPEAK WITH PERSON AND LEAVE MESSAGE FOR THEM TO CALL YOU BACK.

NOTE TO RECRUITER: WE SHOULD FOCUS ON MDS ON LIST IN ORDER OF LISTING.

Q3. **(IF NAMED PERSON ON THE PHONE):**

Does this sound like something you would like to participate in?

YES -- I'm glad to hear that

GO TO INTRO4 "Review of Participation"

NO -- TRY TO UNDERSTAND RESISTENCE AND BE READY TO ANSWER QUESTIONS. IF PERSON STILL REFUSES, THANK HIM/HER FOR THEIR TIME AND END THE CALL.

INTRO4: FOR PROVIDER/CLINICAL LEADER:

Review of Participation for Interview only:

As we indicated, RAND will pay you a \$75 honorarium to thank you for completing a 40 minute phone interview and an additional \$75 for filling out the PCMH assessment about your practice which only takes 10-15minutes.

ASK Q3A AND Q3B BELOW ONLY if the PRACTICE CHARACTERISTICS QUESTIONS ARE NOT YET COMPLETED FOR THE GIVEN PRACTICE

NOTE:

ALL PRACTICES SAMPLED SHOULD ALREADY BE PRIMARY CARE OR MULTI_SPECIALTY

Q3A. What type of medical practice do you work at? READ THE DEFINITIONS
CONFIRM OR OBTAIN

- € Primary Care (where only physicians work in internal medicine, family practice, general practice, or pediatrics)?
- € Multi-specialty practice (where physicians in more than one specialty work)
What are those specialties? _____
- € Sub-specialty practice (where only physicians in one specialty work and that specialty is not in primary care. Ex: cardiology, neurology, radiology, obstetrics/gynecology, etc.)?
(IF Sub-Specialty practices, THEN THANK AND END CALL)

Q3B. Does your clinic have adult and child care? (NOTE: We are only including practices that primarily serve adults and are EXCLUDING Pediatric Only practices)

- € Adult only
- € Both Adult and Child
- € Child only / Pediatrics **(IF YES, THEN THANK AND END CALL)**

Q3C. Were you involved in the NCQA PCMH Recognition application and change process in your practice? That is, have you been an active part of the patient centered medical home changes that your practice has made and are you knowledgeable about the change process.

- € YES (CONTINUE)
RECORD ANYTHING THEY SAY ABOUT THEIR ROLE IN PCMH PROCESS
- € NO (GOTO INELIGIBLE 2)

Q3D. What is your current job title and role in your practice, and can you describe what your primary job responsibilities are?

RECORD JOB TITLE
RECORD ROLE IN PRACTICE
RECORD PRIMARY JOB RESPONSIBILITIES

ASK Q3E AND Q3F BELOW ONLY if the PRACTICE CHARACTERISTICS QUESTIONS ARE NOT YET COMPLETED FOR THE GIVEN PRACTICE

Q3E. How many physicians are in your practice? _____(RECORD actual number)

€ Small (= < 9 physicians)

€ Medium (10-49 physicians)

€ Large (50 or more physicians)

Q3F. Who owns the practice?

a. Hospital affiliated practice group

b. Health system affiliated practice group

c. Medical/Academic Health Center

d. Health Management Organization (HMO)

e. Federally Qualified Health Center (FQHC)

f. Privately owned - small (less than or = 9 physicians)

g. Privately owned – med/large (more than 9 physicians)

h. Military treatment practice group (NOTE: FLAG THESE FOR VERIFICATION]

i. Other? _____

ASK IF NOT A STAND ALONE PRACTICE: What is the name of your organization? (E.G. we want the name of the network or medical group that the site belongs to)? _____

IF QUOTAS ARE OPEN AND RESPONDENT QUALIFIES GO TO 4

SETTING UP INTERVIEW TIME AND DETAILS FOR CONTACT

Q4. **When would be a good day and time for you to do the interview?** Plan on one hour, however the interview will only take 40 minutes, and you will need to be somewhere where you can read and answer our survey questions (not driving). If at all possible, we prefer if you can do the interview at your practice, in case you need to look something up.

RECORD DATES/TIMES (REVIEW RAND INTERVIEWER AVAILABILITY TO CONFIRM IT FITS. MINIMUM 2 DAYS OUT TO ALLOW TIME FOR FEDEX).

Q5. **What phone # should we use to call you for the interview? Is there a back up number such as a cell in case we need to reach you?** You should be somewhere where you can read and complete survey questions, not driving.

RECORD PHONE # FOR INTERVIEW
RECORD BACK UP / CELL NUMBER

Q6. Please be assured that your individual responses are confidential and will not be shared with anyone outside of the research team.

A researcher from RAND will call you at the scheduled date/time. The discussion will be audio recorded for note taking purposes only.

We will FedEx/Email you a confirmation letter and a copy of the PCMH Assessment on the practice, which takes about 10 minutes to complete, with an instruction sheet and a copy of the interview topics that we would like to discuss with you.

Please complete and send back the PCMH ASSESSEMENT prior to the scheduled appointment.

ARE YOU ABLE TO DO THIS?

€ YES (CONTINUE)

€ NO OR NOT SURE (DISCUSS WITH THEM A PLAN FOR COMPLETEING THE PCMH ASSESSMENT PROVIDING OPTIONS)

Q7. Email is the most convenient way to complete the PCMH Assessment, as it is a fillable-pdf PCMH assessment tool. **Would you prefer to fill out a pdf file or as a hard copy?** We can send it to you today via email for you to fill out and return to us before the interview appointment. If you check your e-mail, what's your e-mail address?

RECORD PREFERENCE FOR PCMH ASSESSMENT: EMAIL/FED-EX
RECORD E-MAIL ADDRESS

Q8. We will also mail it to you in the Fed Ex package as a back up or if you end up wanting to fill it out on hard copy.

We will also plan to call and e-mail you the day before the interview appointment to remind you about the interview.

The confirmation letter in the FedEx packet will include a phone number to call if you have any questions. If you realize at any point between now and [DATE] that you are not able to participate please let us know so that we may find a replacement for you as soon as possible.

Can you confirm the address where we should send the confirmation package via FedEx?

It should get to you prior to the scheduled interview date/time and you will need to complete and return it prior to the interview if possible.

RECORD ADDRESS FOR THE FEDEX

Q9. Is this the same address you would like the honorarium sent? Many doctors have their honorarium sent to their home address instead?

RECORD WHETHER THIS IS SAME ADDRESS TO SEND THE HONORARIUM
IF NOT, RECORD THE ADDRESS FOR THE HONORARIUM

Q10. As back up, we will ask fax the confirmation letter and materials to you. What is the best fax number to reach you?

RECORD FAX NUMBER

INELIGIBLE1

Thank you for taking the time to speak to me. At this time, we are looking for a different type of practice.

INELIGIBLE2

Thank you for taking the time to speak to me. At this time, however, we are looking for a physician engaged in the PCMH process at their practices. Do you have any recommendations of a doctor in your office? We have on record the *{READ the name(s) of the MD in order from the PILOT ORDER excel spreadsheet}*.

RECORD THE NAME AND CONTACT INFORMATION OF THE RECOMMENDED PERSON (S)
FOR THE INTERVIEW

RECORD ANY INFORMATION PROVIDED ON THE DOCTORS ON OUR LIST (e.g. No longer with practice, replaced by MD X, etc.)

Interview Appointment Information for Profile Spreadsheet

- **DATE of Update**

APPOINTMENT DAY _____ Date: ___/___/___ TIME ____:_____

PRACTICE NAME _____

RESPONDENT'S NAME _____ STUDY ID _____

RESPONDENT'S JOB TITLE _____ SPECIALTY _____

INTERVIEW PHONE NUMBER _____

ASSISTANT NAME _____
(If applicable)

RESPONDENT'S ADDRESS FOR FED EX:

PRACTICE LEADER CHARACTERISTICS:

Type of medical practice: Primary Multi-specialty

Practice Size: [Record actual number of physicians: _____]
Small (less than or = 9 MDs) Medium (10-24) Large (25+ MDs)

Practice Region: Midwest Initiative State (NY/VT) Other Northeast
South West

STUDY ARM: Current CAHPS Distinction Past CAHPS Distinction
Recognition ONLY (Control)

Ownership Type:

Hospital affiliated practice group Health system affiliated practice group Medical/Academic Health Center Health Management Organization (HMO) Federally Qualified Health Center (FQHC)	Privately owned - small (less than 5 physicians) Privately owned – med/large (more than 5 physicians) Military treatment practice group (NOTE: FLAG THESE FOR VERIFICATION) Other? _____
---	---

RESPONDENT'S HONORARIUM INFORMATION (confirm spelling):

Payable to: _____

Address for check: (Same as Fed Ex: ___ Yes ___ No) _____

NOTES:

PCMH Assessment form: ___ Received ___ Pending

DUA Process: Person who reviews/signs DUA: _____

DUA PERSON's Email: _____ Phone: (____) _____