Request for Approval under the "Generic Clearance for Pretesting" (OMB Control Number: 0935-0124)

OMB Supporting Statement: Attachment A - Healthcare Staff Interview Guide (for providers & non-providers)

TITLE OF INFORMATION COLLECTION: Interview Guide—Healthcare Staff (Includes Primary Care, Specialty Care, and Other Clinical Staff)

PURPOSE: To understand healthcare staff's experience with the e-care plan app implementation, semi-structured interviews will be conducted with up to three healthcare staff members at each of the six sites. There will potentially be one primary care provider, one specialty care provider, and one other clinical staff member interviewed at each site. Interviews will be used to explore the participant's perceptions on how the e-care plan app was implemented, their experiences with the app, and whether the data in the app are accurate and appropriate.

DESCRIPTION OF RESPONDENTS: Target participants are providers and other healthcare staff (providers and non-providers) across each site who have used the e-care plan app in patient care.

TYPE OF COLLECTION: (Check one)

- ☐ Customer Comment Card/Complaint Form
- ☐ Customer Satisfaction Survey
- ☐ Usability Testing (e.g., website or software)
- ☐ Small Discussion Group
- ☐ Focus Group
- ☒ Other: Interview_____

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.

2. The collection is low burden for respondents and low cost for the Federal Government.

3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.

4. The results are <u>not</u> intended to be disseminated to the public.

5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.

6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name:____Saira Haque_____

To assist review, please provide answers to the following questions:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☒ No

3. If Yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	18	60/60	18 Hours
Totals			**18**

FEDERAL COST: The estimated annual cost to the Federal Government is <u>$1414.98</u>

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? ☒ Yes ☐ No

If the answer is yes, please provide a description of both below (or attach the sampling plan). If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them.

Potential respondents (18 total, three from each site), who are healthcare staff, will be selected from across the participating clinics. From each clinic, a primary care provider, a specialty care provider, and another member of the clinical staff will participate. The clinics will provide the names of participating staff.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

   ☐ Web-based or other forms of social media
   ☒ Telephone
   ☐ In person
   ☐ Mail
   ☐ Other, explain:

2. Will interviewers or facilitators be used? ☒ Yes ☐ No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Attachment A - Healthcare Staff Interview Guide (for providers & non-providers)

Introduction

Thank you for taking the time to meet with us today. I am [MODERATOR NAME] and will be leading this discussion. [NOTETAKER NAME] will be taking notes. Our team at RTI International, a nonprofit research institute, has been hired by The Agency for Healthcare Research and Quality (AHRQ) to assess the e-care plan app's usefulness. Although we are funded by the AHRQ, we are not part of that federal agency (or any other federal agency). We are independent evaluators and researchers.

Your participation is completely voluntary. Your name and title will not appear in any report. Although we are taking detailed notes, we would also like to audio-record the session in case we need to verify our notes. No visual (camera) recording will be done. The audio recording will be used only to ensure that our notes are complete and that we are accurately capturing your input. Recordings will be deleted after our notes are verified. Is this okay with you? We expect that this interview will take no more than 60 minutes. There are no right or wrong answers, and we are interested in your experiences. Are there any questions before we begin?

Discussion Questions

- Can you briefly describe your role and title?
- How has the implementation process been for the e-care plan app?
    - o Training?
    - o Technical support?
    - o Changes in your processes?
- Can you please describe how you've used the e-care plan app so far?
    - o Is it easy to use? Any suggestions to make it easier to use or work better for you?
    - o Does it make information you need easier to find?
    - o Is the e-care plan app useful when trying to meet patient's care coordination needs?
- How does the app fit into your daily workflow?
    - o How could the app be better incorporated into the clinic workflow?
    - o Were there any workarounds needed for the app?
- How does the app influence your communication and coordination with other providers? With patients?
- What are the barriers and facilitators to implementing/using the e-care plan app?
    - o Organizational aspects?
        - ▪ Workflow aspects?
    - o Technical aspects?

- Do you think the information in the e-care plan app is accurate?
  - Does it line up with information you see in other sources?
  - Do providers/clinical staff trust the data exchanged by the e-care plan app?
- Is the right information included in the e-care plan app?
  - What else should be included?
  - What doesn't need to be there?
- Are there any administrative burdens associated with the e-care plan app that should be addressed?
  - If yes, what are they, and how do you think they should be addressed?
- What do you think about the e-care plan app?
  - Have you heard feedback from others who use the e-care plan app?
- How does the e-care plan app influence your ability to collect and share patient data across healthcare settings?
  - Does the e-care plan app support improved coordination of members of the patient's healthcare team?
- Are there any other factors to consider around implementation and use of the e-care plan app that we have not discussed?
- If you were to give advice to another organization implementing the e-care plan app, what would you tell them?
- Is there anything else you would like to share about your experiences implementing and using the e-care plan app?