

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

OMB Supporting Statement: Attachment C - Patient Interview Guide

TITLE OF INFORMATION COLLECTION: Interview Guide—Patients

PURPOSE: To understand patient’s experience with the e-care implementation, semi-structured interviews will be conducted with up to nine patients across the six sites. 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 patients across each site who have used the e-care plan app in patient care.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., website or software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Interview</u> |

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 not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential 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	9	60/60	9 Hours
Totals			9

FEDERAL COST: The estimated annual cost to the Federal Government is \$224.82

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, who are patients, will be selected from across the participating clinics (up to nine recruited from across the participating sites). The clinics will provide the names of participating patients.

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 C - Patient Interview Guide

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 please tell us the healthcare locations where you receive care?
 - Probe for: Chronic kidney disease, other chronic conditions
 - Probe for: frequency of visits to each location
- Can you please describe how you've used the e-care plan app so far?
 - What is your opinion of the e-care plan app?
- Do you feel the e-care plan app is useful?
 - What is it useful for?
 - What isn't it useful for?
 - What would make it easier to use?
- Was the app easy to use? Any suggestions for improvement?
 - Was the information that you needed available? What else was needed?
 - Do you trust it?
 - Was it easy to navigate?
- Do you think the e-care plan app improved communication and coordination?
 - Between you and healthcare providers?
 - Among your healthcare providers?
 - Did the providers seem to use it?
 - Did the providers have information they needed?

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the **interview**. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 (0935-0179) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

- Were there any barriers you encountered when using the app?
 - Technical?
 - Social?
 - Organizational?
- Is there anything you would change about the e-care plan app?
- Would you suggest that other patients use it?
 - Why or why not?
- 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 using the e-care plan app?