



# Pain Management ECHO evaluation: Patient Perspective

OMB No. 2900-0770

Estimated Burden: 45 minutes

Expiration Date: 9/30/2020

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 45 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

## Intervention Patient Interview Guide – Pain ECHO

**Interviewer Name:**

**Interview date:**

**Start time:**

**Note Taker Name:**

**VA site(s) they receive care from:**

Hello [Mr./Ms. interview participant name], Thank you so much for agreeing to speak with us today. My name is [interviewer name] and joining me is my colleague [note taker name] who will be taking notes today. We are part of a quality improvement project interviewing VA patients served by VA Hospitals. We are hoping to learn about your experience with the care you receive, specifically regarding chronic pain management, and get your ideas and suggestions about how your care could be improved. The interview will last about 30-45 minutes. Is this still an okay time for you?

**If yes:** Just a couple reminders before we get started, your participation in this interview is completely voluntary. You can stop the interview at any time, and please let us know if you'd rather not answer a particular question. Your name and information will not be connected to any of your responses. The results of the interviews we are doing with patients are private and we won't identify you or your provider in any reports or publications. The information you give us is for quality improvement purposes only and will not be used to evaluate your provider in anyway. Do you have any questions before we begin?

In order to make sure we capture all of the information you give us, we would like to record this call. Is this okay with you? **[Hit record button]** Okay, to confirm, I'm starting the recording. Is this ok with you?

**If no:** Is there a better time to talk? What would work for you?

*Grounded prompts: If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use verbatim words or phrases presented by the participant using one of the following formats:*

1. What do you mean by \_\_\_\_\_?
2. Can you tell me more about \_\_\_\_\_?
3. Can you give me an example of \_\_\_\_\_?
4. Can you tell me about a time when \_\_\_\_\_?

1. Do you see a doctor about pain or for pain management? (in our outside of the VA)
  - a. Where do you see that doctor?
  - b. What type of doctor?
  - c. How often do you see that doctor?

2. Do you use any medications or other therapies for pain?

[If YES]

- a. What is the type or name of the medications / therapies you use?
  - i. [IF NEEDED] Are you able to get your medications and read the name(s) to me?
- b. Under what circumstance do you use your medication(s)?
- c. How often do you use your medication?
- d. How long have you used this medication to treat your pain?

[If NO]

- a. Have you used medication or other treatment for pain in the past?
- b. What type or name of the medications or therapies you use?

- i. [IF NEEDED] Are you able to get your medications and read the name(s) to me?
  - c. Under what circumstance did you use your medication(s)/treatment?
  - d. When did you stop using your medications/treatments?
- 3. Has there been a time you wanted pain medication or treatment and you did not have it? Can you tell me about that?
- 4. How has your pain and pain management impacted your health or other medical problems?
- 5. How has your pain (or pain management) impacted your quality of life?
  - a. Are you able to do all the things you want to?
  - b. Are you able to care for yourself?
- 6. Can you tell me about how your primary care provider helps you with your pain?
- 7. Are you aware of your primary care provider discussing your pain with a specialist (ex. E-consult, ECHO)?
  - [If YES]
    - a. Did your pain management plan or treatments change as a result of that?
- 8. Has your pain medication, treatments, or pain management plan changed within the last few months?
  - a. [IF YES] Tell me about the change.
- 9. Have you seen a pain management specialist for your pain before?
  - a. [If YES] Could you tell me a little but about that?
  - b. Do you currently see a pain management specialist?
- 10. Do you receive pain management or pain medication/treatment from outside of the VA?
  - a. [If YES] Can you tell me a little bit about why you receive that care outside of the VA?
- 11. Have you ever received pain care outside the VA?
  - a. what made you leave the VA for that care?
- 12. Is there anything you would like to change about your pain management plan or pain medications/treatments?
- 13. Is there anything we should have asked you about your pain medication or management that we did not?
- 14. Do you have any questions for us, or is there anything else you would like to add?

Thank you for participating in this interview.

**End time:**