

4d. TBC Health Department Interview Guide – (Strategy B3)

Note: Public reporting burden of this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-20HP)

Date of Interview:	MM/DD/YYYY
Interviewer:	
State	
Strategies Implemented (select one):	<input type="checkbox"/> B3 only <input type="checkbox"/> B3 & B4
Interviewee Name:	

Introduction

Thank you for taking the time to participate in this interview. My name is **[Insert name]** and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the DP18-1815 Cooperative Agreement, Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke Cooperative Agreement – which we will refer to as the 1815 program. As part of the larger national evaluation of 1815, we are conducting a case study focused on Team-Based Care and Medication Therapy Management to better understand how health departments are supporting the development or implementation of guidelines and policies to promote team-based care and medication therapy management within health care settings, as it relates to the prevention and management of high blood pressure and high blood cholesterol.

We understand your team is working on **[specify strategy B3/B4/or both]**. We would like to hear more about the ways in which you implement these strategies, challenges encountered, other factors outside of the 1815 program that influence your implementation processes or progress you're making and hear your perspectives on the level of uptake among health care organizations and how it influences patient care and management. The information collected from this interview will be analyzed together with information gained from interviews with others at your health department as well as from other health departments. We also will be conducting interviews with partner sites. Together, these interviews will provide valuable insights on different approaches for promoting team-based care and which approaches seem to work well in specific contexts.

The interview is expected to take no longer than 1.5 hours. Your participation in this interview is completely voluntary. You may choose to skip questions or stop the interview at any time and it will not in any way impact the funding or technical assistance you receive from CDC. All information will be kept

secure and any personally-identifiable information will be removed when results are aggregated for analysis.

If at any time during the interview you are not clear about what we're asking, be sure to let me know. We appreciate your candid response.

With your permission, we would like to record this interview for transcription purposes.

Do we have your permission to record the interview?

Yes

No

Do you have any questions or concerns before we start the interview?

I. Background

I'd like to start with some questions to understand your role within the health department and with respect to supporting the 1815 program.

For reference:

B3: Support the engagement of non-physician team members (e.g. nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings

1. Can you tell me more about why your health department decided to work on [Strategy B3]?

Probes:

- *If state is working on only the TBC strategy: Can you tell me why your health department is only working on the TBC strategy and not the MTM strategy (B4)?*
- *If state worked on TBC under 1305/1422: To what extent did the work under 1305/1422 influence your approach for strategy B3?*

2. Can you tell me about your role in relation to implementing the 1815 strategies related to Team Based care [Strategy B3]?

3. How many years have you been working on programs related to team-based care?

II. Broader State Context

I would like to begin by understanding the context for the practice of team-based care within your state.

4. Are there any state-level policies or guidelines that impact the practice of team-based care?

5. What do these policies entail?

Probe:

- What type of information are in the policies that describes the various roles and responsibilities of non-physician team members in clinical settings? For instance, are

there any specific state-level policies or guidance as to whether community- health workers can be engaged in TBC? Policies whether pharmacists/nurses can change medication plans?

- What role has the health department played or is it playing in the shaping of these policies?

6. From your experience, how widespread is the practice of team-based care among the healthcare organizations you work with?

Probe:

- Where do you see the gaps or deficiencies?
- What are some key successes or exemplary initiatives you've seen around TBC for high blood pressure and high cholesterol prevention/management?
- What would you say are your team's primary goals around the practice of team-based care for chronic disease management?

7. [Year 3]: What has been the effect of the COVID-19 pandemic on this strategy?

III. 1815-specific work

Now I would like to talk more specifically about your work on Strategy B3 for the 1815 program - - Supporting engagement of non-physician team members in hypertension and cholesterol management in clinical settings.

8. What types of health care organizations is your health department working with to support the engagement of non-physician in hypertension and cholesterol management in health care settings?

Probe:

- How did your health department choose the partner sites that you are working with?
- Did you previously work with these partner sites under 1305 or 1422?

9. What is your team's role in helping to support the use of team-based care for management of patients with high blood pressure and high cholesterol within health care organizations (under the 1815 program)?

Probe:

- How are you helping partner sites with respect to developing policies/guidelines/workflows/ or other processes and systems to support team-based care?
- Which types of partners/organizations, if any, do you work with at the site-level to implement these activities/interventions related to the promotion, expansion, or enhancement of TBC?

Instruction: *Be sure to ask for details related to each type of support – who they work with at site level, level of HD engagement vs a subcontractor doing the work, etc.*

- Which types of activities have you found to be most effective or successful in promoting adoption, expansion, or enhancement of team-based care? Why do you think this is?
 - Are there specific types of activities that work better in some health settings than others?
10. What would you say are the biggest challenges for your team, as the health department, in working with health care organizations to support team-based care?
11. What factors or facilitators support your team, as the health department, in working with health care organizations to support team-based care?

IV. Partner-Site level implementation of TBC policies

The next set of questions ask about what the engagement of non-physician team members in patient care looks like at the partner-site level.

12. Can you share with me some examples of how health care organizations are practicing team-based care, specifically for management of patients with high blood pressure and/or high blood cholesterol?
- Probe:**
- Is there a specific team composition or configuration of team-based care that has been relatively easier for health organizations to adopt over others? (e.g. is it easier to engage pharmacists vs community health workers, etc.)?
 - Why do you think this is?
 - What organizational factors facilitate this? What state level policies facilitate this?
 - What makes it difficult to engage other non-physician members?
 - In what ways are health organizations tailoring or adapting their team-based care approach for priority populations?
 - What infrastructure is needed at the health organization to allow effective engagement of non-physician members within a patient care team?
 - In what ways do health care organizations use health information technology to support team-based care?
 - Are there different team-based care structures or processes for managing patients with high blood pressure vs managing patients with cholesterol? Please describe the differences.
13. Based on your experience of working with partner sites, what are some of the challenges that health organization encounter in integrating non-physician team members within patient care teams?
14. What factors at the health organization facilitate engagement of non-physician team members within patient care teams?

V. Complementary Programs

Now I'd like to ask about other state-level or wide-reaching initiatives related to promoting or supporting team-based care practices.

15. In addition to the 1815 program funding, what other types of support is your state leveraging to promote team-based care specifically for hypertension and cholesterol management in clinical settings?
16. Could you tell me about other wide-reaching initiatives within your state that support the development, enhancement, or expansion of team-based care practice? (e.g. Million Hearts? AHRQ studies?)
Probe: In your opinion, how do these programs work together with the 1815 efforts? How do they complement/supplement each other? Is there any overlap? Any unanticipated challenges in operating multiple programs related to similar strategies?

VI. Effectiveness and Impact

I'd like to hear your opinion about how this work is contributing to patient management.

17. In your opinion, how does the use of team-based care affect care and management of patients with high **blood pressure**?
18. In your opinion, how does the use of team-based care affect care and management of patients with high **cholesterol**?
19. To the best of your knowledge, how does team-based care contribute to patient level health outcomes?
Probe:
- How does team-based care support patients to control their blood pressure or blood cholesterol levels?
 - How does team-based care support patients to adhere to their medication plan?

VII. Interaction between TBC and MTM Strategies

The following questions are going to ask you about the interaction of TBC and MTM strategies.

20. From the state perspective, do you think it is necessary to have a TBC infrastructure implemented for MTM to be successful? Why or why not?
21. What other strategies, such as engagement of CHWs and SMBP, have you seen partner sites implementing that benefit from an already existing TBC infrastructure?
Probe: What does this look like?

VIII. CDC Support

Is there any additional or specific TA support that would be beneficial to your health department for implementation of either of these TBC strategies? Please describe.

Wrap up

Those were all the questions I had for you. Is there anything else you'd like to add that we haven't had a chance to discuss?

Close

Thank you so much for your time. This concludes our interview about the 1815-funded activities related to the team-based care strategies. If you have any additional questions, please feel free to contact Gizelle Gopez, ggopez@deloitte.com.